

Mecklenburg Scholarship Association

Darlene Antonette Heble Scholarship

(Mecklenburg County Students)

Purpose of Scholarship:

To help **deserving** Mecklenburg County students who are of **good character** and who are in **need** of financial assistance for their **tuition expenses** to achieve their educational goals at a four-year university/college. The sole mission of this scholarship is **to defray the cost of tuition**. (If your tuition has been paid by other means, there is no need to apply for this scholarship.)

Postmarked/Deadline Date: Wednesday, April 10, 2019. No exceptions to deadline! Applications received or postmarked after the deadline date will not be reviewed by the Selection Committee and the applicant will be ineligible for an award.

High School Students:

Return your completed application to your guidance office. The applications will be collected from the guidance office on the deadline date of April 10th.

College Students or Home-Schooled Students:

Mail your completed application to:

Dottie Dean Bratton, President
Mecklenburg Scholarship Association
912 West Sycamore Street
Chase City, Virginia 23924

Completed Application Includes:

1. Letters of Recommendation

A. Teacher Recommendation from a faculty member within the school the applicant is presently attending and who has **not** previously written a recommendation for the applicant.

B. Community Representative Recommendation from a person who has **not** previously written a recommendation for the applicant.

2. Letter(s) of Acceptance to a four-year college/university

3. Official, sealed Academic Transcript:

Unofficial transcripts are not acceptable.

Selection Committee's Guidelines for Awarding Scholarships

1. Completed applications must be postmarked no later than April 10th or in the possession of the President of the Mecklenburg Scholarship Association. Applications received after this date will not be reviewed by the Selection Committee and the applicant will be ineligible for an award.
2. If an item on the application is left blank or if a page is deleted from the application, the student is required to explain the reason for the omission.
3. If the applicant has neither a letter of acceptance at a four-year college/university nor an official, sealed transcript, the application will be eliminated from consideration.
4. The home mailing address and/or the school district of the applicant is required to determine the residency within Mecklenburg County, VA and thus, the eligibility of the applicant.
5. A student working a part-time job will be considered as a positive factor in determining scholarship awards.
6. Applicants with parents who earn higher incomes will be considered on a limited basis.
7. Master's degree applicants, students over the age of 26 years, and all scholarship amounts will be determined with consideration for the cost of tuition and funding availability.
8. Since this scholarship is based on a student's character, the Selection Committee requires truthful and accurate information on the application from the applicant.
9. Scholarship awards are non-transferable from one college to another college. If a student does not enroll in the school stated on the scholarship application, the scholarship award is forfeited.
10. Applicants who are reapplying for a scholarship must seek letters of recommendation from those who have not written previous recommendations for the applicant. This includes the teacher as well as the community representative.

If awarded a scholarship, you will be asked to fill out the "Verification of College for Distribution of Scholarship Awards" form. You will need to give your Student ID number and the Registrar's name and office address so that your scholarship amount can be sent to your school by July 1. Failure to do so by the deadline date attached to the scholarship certificate will forfeit your scholarship. Your scholarship amount will be divided with half of the amount for the Fall Semester and the other half of the amount for the Spring Semester.

Student Information

Legal Name: _____

Home Address: _____

Home School District: _____

Email Address: _____

(If no email address is available, please submit a phone number where you can be reached. **Print legibly.**
The applicant will be contacted if there is a question that needs an explanation.)

School/College Presently Attending: _____

Expected Graduation Date: _____

If applicable, College(s) Acceptance:

If applicable, attach a copy of your college acceptance letter(s) to this application.

Estimated tuition cost per year for your chosen school: _____

Extra Curriculum Activities: (Write on the back of this sheet if additional space is needed.) _____

Applicant (Student) Income and the Amount Received:

Part-Time Job _____

Child Support: _____

Social Security Administration: _____

Department of Social Services: _____

Other: _____

Do you presently receive or have you applied for financial aid?

Presently receiving _____ **Will apply or have applied** _____

Title of Financial Aid Receiving or Have Applied to Receive _____

Future Plans: (Write on the back of this sheet if additional space is needed.) _____

Letters of Recommendation: (Enclose both letters with this application.)

1. Teacher Recommendation from a faculty member within the school presently attending and who has not previously written a letter of reference for the applicant.
2. Recommendation from a Community Representative who has not previously written a letter of reference for the applicant.

Academic Transcript: (Enclose a copy of your official, sealed transcript from the Guidance Office or the Registrar's Office.) Unofficial transcripts are not acceptable.

Parents/Guardian Information

Total Number of persons residing in your household? _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

Number of children presently enrolled in college: _____

Father's Name: _____

Place of Employment: _____

1040 Tax Form/Adjusted Gross Income: _____

Other Sources of Income and Amounts Received:

Part-time Job: _____

Social Security Administration: _____

Department of Social Services: _____

Retirement Benefits: _____

Other: (Unemployment benefits, Rental property income, Farm subsidies, etc.) _____

Mother's Name: _____

Place of Employment: _____

1040 Tax Form/Adjusted Gross Income: _____

Other Sources of Income:

Part-time Job: _____

Social Security Administration: _____

Department of Social Services: _____

Retirement Benefits: _____

Other Income: (Unemployment benefits, Rental property income, Farm subsidies, etc.) _____

Total Family Income: _____ **If you are financially independent of your parents, give an explanation on the back of this sheet. Financially independent means that your parents do not financially support you with any of your daily expenses such as rent, food, clothing, educational expenses, transportation, etc.)**

Additional Comments: Are there any unusual personal or family circumstances for this committee to consider? Please write on the back of this sheet if you wish to comment.

Pledge: The information given on this application is correct to the best of my knowledge.

Parent Signature, if applicable

Student Signature