

RENEWAL APPLICATION CHECKLIST

The Story Family Scholarship

Deadline: March 31, 2025

NAME _____

Applying for

ADDRESS _____

CITY-TOWN _____ **Zip** _____

First Renewal Award _____

Second Renewal Award _____

Third Renewal Award _____

Telephone Number _____

Cell Number _____

CHECKLIST

_____ Complete application including written statement

_____ Official transcript indicating at least a "C" average

_____ Financial Information: Copies of most current filed tax returns of parent(s)/guardian(s) AND applicant.

_____ Signature of parent or guardian

_____ Applicant's signature

_____ COMPLETE

Applicants will be notified by May 6 of the committee's decision.

Recipients should plan to be in attendance on Sunday, May 18 for the Scholarship Award Program.

RENEWAL Application – The Story Family Scholarship Fund

Deadline – March 31

Please type or print clearly. Answer every question. Application must be signed. All requested materials, including previous semester transcript must be received before the application can be considered. This application is for one academic year. Final approval of renewal will be determined upon receipt of final transcript reflecting a grade point average of "C" or above.

FULL NAME _____ MALE ___ FEMALE ___

HOME ADDRESS _____ City _____ State _____ Zip _____

HOME TELEPHONE _____ SS# _____

PARENT(S)/GUARDIAN(S) NAMES _____

Parent(s)/Guardian(s) Occupation(s)

FATHER _____

MOTHER _____

GUARDIAN _____ (IF APPLICABLE)

Number of brothers and sisters _____ List Ages _____

Do you have brothers and sisters currently attending an institution of higher education? If yes, please list sibling name(s) and school name(s) _____

SCHOOL NAME AND ADDRESS NOW ATTENDING _____

Current GPA _____

Do you plan to attend the same school where you are now enrolled in the coming year? _____

If not, please explain and give name and address of the institution you plan to attend. _____

Have you been accepted for admission by this institution? _____

Classification this fall: Soph. ___ Jr. ___ Sr. ___ Other ___ (Please explain)

Will you be enrolled for the academic year full time? _____

When do you expect to graduate? _____

What is your ACADEMIC MAJOR _____ MINOR _____

What is your Career Goal _____

Are you a former recipient? _____ Year(s) received _____

I hereby certify that all information included in this application is true to the best of my knowledge.

Applicant's Signature _____ Date _____

NAME _____

FINANCIAL STATEMENT

ESTIMATE EXPENSES

TUITION _____

FEES _____

BOOKS _____

HOUSING _____

TOTAL _____

FINANCIAL RESOURCES AVAILABLE FOR YOU TO PURSUE YOUR EDUCATION

Student's Funds In Hand _____

Student's Expected Savings _____

Annual Support from Parents _____

GRANTS, INCLUDING NC LEGISLATIVE TUITION GRANTS _____

Scholarships _____

Work/Study _____

Other Income (Please explain _____

TOTAL RESOURCES _____

If your expense is greater than your income, how do you plan to meet the difference?

What other grants and/or scholarships do you expect to receive?

Have you filed a Financial Aid Form (FAF) or Family Financial Statement (FFS)? _____

Have you worked this part year? _____ Where? _____ Total Amount Earned? _____

Have you requested financial aid from the institution you plan to attend? _____

Has any been granted? _____ EXPLAIN _____

Will you be living on campus? _____ With Parents? _____ OTHER _____

Do you have outstanding educational loans? _____ AMOUNT _____

PARENT(S)/GUARDIAN(S) SIGNATURE(S) _____

APPLICANT'S SIGNATURE _____ Date _____
Must be signed for application to be considered

NAME _____

PERSONAL STATEMENT

Please summarize your past year, including academic progress and participation in extracurricular activities. If there has been a change in your career goal and/or major, please explain.

I hereby affirm that all information in this application is true to the best of my knowledge.

Signature of Applicant _____ Date _____

Must be signed for application to be considered.

Completed Application should be **HAND-DELIVERED NO LATER THAN MARCH** ___
to the church office
501 Church Street,
Gibsonville, N.C. 27249

THE STORY SCHOLARSHIP COMMITTEE CHAIRPERSON

Anita Johnson
6155 Kimesville Road
Liberty, NC 27298
Anitaljohnson12@gmail.com
Phone: (336) 601-3064

Name _____

Citizenship Profile

- I. Please list below your involvement in college and community activities. Include clubs, athletics, offices held, awards received, honors, etc.

Name of Activity	Description of Participation	Year(s)

- II. Please list below your involvement in church activities such as youth group, choir, teacher, Bible school, church camp, offices held, etc.

Name of Activity	Description of Involvement	Year(s)