YOGI CROWE SCHOLARSHIP APPLICANTS

Check List for New Applicants:

1. **Attached a copy of your Graduate or Doctoral Acceptance Letter**

2. **Attached a copy of your GRE, GMAT or LSAT/MCAT.** For MFA degrees, provide a sample copy of the portfolio or performance audition tape along with the completed application. This portfolio or audition performance may be accepted in lieu of an admissions test such as the Graduate Record Examination (GRE).

3. **Attached a copy of your required program with class listings**

4. **Attached your reasons for applying and your future dreams and plans for the betterment of the Eastern Band of Cherokee** (see guidelines for more information)

5. **Include the amount you have requested on the top right of the first page of the application**

6. **Sign and date**

7. **Submit complete application to Yogi Crowe Scholarship Fund Board of Directors, P. O. Box 892, Cherokee, NC 28719 or email to** jans_28719@yahoo.com **by the due dates which are** *April 1* for summer semester, *July 1* for fall semester, and *November 1* for spring semester.

Check list for returning previously funded applicants

1. **Have you submitted a copy of your grades if previously funded by the scholarship?**

2. **Have you submitted an expense list of how you used your funding?**

3. **Did you write your thank you letter to the Cherokee One Feather?**

3. **Include the amount requested on the top right of the first page of the application**

4 **Sign and date**

5. **Submit complete application to Yogi Crowe Scholarship Fund Board of Directors, P. O. Box 892, Cherokee, NC 28719 or email to** jans_28719@yahoo.com **by the due dates which are** *April 1* for summer semester, *July 1* for fall semester, and *November 1* for spring semester.

AUTHORIZATION TO RELEASE INFORMATION

I declare that the information reported is true, correct and complete. I understand that this information is subject to verification by the scholarship committee. I herby authorize, request and direct educational institutions, my references, my employer (present), any other person, institution, or organization, and all governmental agencies and instrumentalities (local, state, or federal), wherever such individuals or organizations are situated, to release any document, information record, or file that the scholarship committee deems necessary to process my application for scholarship.

Further I release all of said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information records to the Scholarship Committee or their Representative and this serves as a waiver of any contract that I have with any of the said organizations or individuals and serves as a waiver of any and all illegal communication privileges that I could claim.

Further, I appoint the Scholarship Committee or their Representative as my agent and attorney in fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information and be permitted to make copies thereof at his discretion. This request can be treated as if I was making it in person.

Further, I certify that I understand that the award of any scholarship is contingent upon my complying with the rules and guidelines of the scholarship that I am applying for. I also understand that I may be suspended from any scholarship for not abiding by the rules and regulations of the scholarship that I am applying for, or for supplying false information.

_____ _____

Signature Date

_____

Printed Name

_____ _____

Witness Date

OPTIONAL:

_____ *I agree to allow Yogi Crowe Memorial Scholarship Fund to take photographs/audio/video of me for use in Scholarship Fund educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.*

_____ *I do not wish for Yogi Crowe Memorial Scholarship Fund to take photographs of me for use in Scholarship Fund educational, promotional or marketing purposes.*

RESOURCES:

Savings_____Summer Earnings_____Student Earnings_____
From Parents/Spouse _____Soc.Sec.Benefits_____Veteran Benefits_____

Scholarship/Grants (please list amounts) _____
_____

Other resources (Please list amounts)

_____
_____
_____
_____

TOTAL SEMESTER RESOURCES $ _____ TOTAL YEARLY RESOURCES $ _____

TOTAL QUARTER RESOURCES $ _____ TOTAL YEARLY RESOURCES $ _____

Please detail any special financial needs/situations

Provide any additional information that will help the committee in reviewing your scholarship needs:

12. Current GPA, cumulative _____semester_____ quarter_____

13. Career Goal_____Expected Major_____

14. Expected Graduation date: _____

15. If you are already attending, what is your total credit hours completed? _____

16. Will you be commuting? _____yes _____no. If yes, approximately how many miles? _____

17. List all extracurricular activities, honors and awards: _____
_____
_____

FINANCIAL INFORMATION

1. Present income and source _____

2. List all sources of funding that you are receiving (if a current student), or have been notified that you will receive:

3. Please list all sources of funding that you have applied for including Tribal.

_____
_____

4. Total Family Annual Income level (after taxes): _____
   Mortgages and other loans _____
   College expenses of other children _____
   Expenses of caring for elders or _____
   Disabled family members
   Other major financial responsibilities _____
   (Please explain)

_____
_____

5. Expense Statement: Please estimate your living cost for the upcoming academic year:

   Tuition_____ Books_____ Educational Supplies_____

   Room & Board_____ Miscellaneous expenses _____

TOTAL SEMESTER EXPENSES $_____TOTAL YEARLY EXPENSES $_____

TOTAL QUARTER EXPENSES $_____TOTAL YEARLY EXPENSES $ _____

Qualla Boundary Scholarship Application

___John A. Tahquette Education Trust Scholarship (must be attending college more than 250 miles away from Cherokee)

___Richard (Yogi) Crowe Memorial (master's and doctorate students only) List amount requested (*up to $ 1000*)_____

___The Painttown Scholarship (residents of Painttown only)

___Bertha Saunooke Scholarship (out of North Carolina colleges only)

___Unto These Hills Educational Fund

___The Bill Taylor Scholarship Endowment (Business related curriculums only)

___Hornbuckle/Bennis Scholarship

___Ed Jackson Scholarship

Please check the scholarship for which you are applying. You may apply for more than one, however, be sure and check the guidelines of each scholarship to ensure your eligibility. Applicant must submit completed application and all supporting documents to the Education and Training Office by June 1 EACH YEAR to be eligible for consideration.

NAME_____
Last First Middle Maiden

Social Security #:_____

Home Address _____
Street City State Zip

E-Mail Address _____

4. Telephone # _____ Cell phone # _____Parent #_____

5. Male_____ Female_____ Date of Birth___ _____Enrollment No. _____

6. Marital Status _____Single _____Married No. of dependents_____

7. Name of Parents _____Community residing in_____

8. College/ Universities applied for undergraduate/ graduate admission:
_____Accepted: _____

_____Accepted: _____

***Please attach copy of letter(s) of acceptance
Have you taken the LSAT/MCAT/GMAT or GRE? _____

9. Have you been accepted to an accredited college, university or technical school that is more than 250 miles from Cherokee NC? If so, which school? _____

10. College status: _____Freshman _____Sophomore_____Junior _____Senior _____Grad _____PhD.

11. How many hours are you planning to take this semester? _____ Will you be ____full time ____part-time?