

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) _____
(Award will be based on funds available)

___ 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?

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. Is this a online program? _____yes _____no. IF YES PLEASE SEE OUR ONLINE PROGRAM GUIDELINES

18. 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 \$ _____

RESOURCES:

Savings _____ Summer Earnings _____ Student Earnings _____
From Parents/Spouse _____ Soc.Sec.Benefits _____ Veteran Benefits _____

Scholarship/Grants (please list amounts) _____

Other resources (Please list amounts) *Per Capita is a resource**

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:

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 hereby 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.

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.