

## NORTH CAROLINA AGRICULTURAL AND TECHINCAL STATE UNIVERSITY

## THE LEWIS AND ELIZABETH DOWDY SCHOLARS PROGRAM 2013-2014 SCHOLARSHIP APPLICATION

Instructions: Please read carefully and complete the entire application. By completing this application you are being considered for the Dowdy Scholarship which is available to <u>Incoming Freshman Only</u>. The priority deadline to apply is <u>January 15, 2013</u>.

Applicant Info	ormation						
Name:		First		E	Banner ID:	O:(Insert SSN if banner not yet issued)	
Address:							
City:				ST:		Zip:	
Telephone:	E	Email Address:				_U.S. Citizen:	Yes No
High School I	Information						
High School: _	Name of High School						
-	Name of High School		С	ity		ST	ZIP
Guidance Cou	ınselor:	Telepho	ne:		Graduation Date:		
High School G	GPA (weighted):	SAT Score:				ACT Score:	
r ngn comoo. c			Verbal	Math	Total	/10 / 000101	Composite
Intended Colle	ege Major:						
promoting the	Elizabeth Dowdy Scholar values of superior educationable-spaced essay descri	on, exemplary leadership	and outsta	anding public servi	ce. <i>In 500 wo</i>	rds or less, pleas	se attach a one
		Send all required of	documents	in <u>one single pac</u>	kage to:		
		Office 100 Dow 160	of Schola dy Admini	State University rship Services strative Building rket Street NC 27411			
I certify that the	above information is true a criteria a	and correct to the best of m nd the renewal requiremen				information regard	ling scholarship
Student Signature:						Date:	
	ALL APP	LICANTS (Approved or	r Denied)	WILL RECEIVE N	OTIFICATIO	N	
		FOR O	FFICE USE O	NLY.			
or GPA:	SAT SCORE:	ACT SCORE:		ESSAY: Yes	No 3 LC	OR: Yes No	
RIFIED BY:				DATE:			



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## THE LEWIS AND ELIZABETH DOWDY SCHOLARS PROGRAM RECOMMENDATION FORM

Name:			Banner I	D:	
Last	First		MI	(Insert SSN if banner not yet is	sued)
Please provide your assessme service activities. (You may atta	ent of the applicant's char ach an additional sheet, if ne	racter, academic <sub>l</sub> eded)	performance, leade	rship qualities, and/or com	nmunity
I have known the applicant for:  Relationship to applicant:	less than 1 year	2-5 years	5-10 years	more than 10 years	
Signature of Recommender:			Date:		
Email Address:				: Number:	

Thank you for taking the time to help our scholarship committee make a decision regarding this applicant.

Please return this form to the student for submission in one single package.