

THE COMMUNITY FOUNDATION OF BURKE COUNTY

CLYDE NICHOLS YOUNG, JR. ENDOWMENT SCHOLARSHIP FUND

DESCRIPTION

The Clyde Nichols Young, Jr. Endowment Scholarship was established by his family to honor the life of Clyde Nichols Young, Jr. by providing young people with financial resources to continue their education

Clyde Young was born on December 27, 1932, in Yancey County, North Carolina. His family was dedicated to education. He was graduated from Lenoir-Rhyne College in 1955 and served in the military until 1957. Mr. Young taught math in Burke County from 1957 until his retirement in 1990. He began his career at Salem High School before becoming a charter member of the Freedom High School faculty. He was the Chairman of the Math Department at Freedom High School from 1981 until 1990. Mr. Young believed in the worth of every individual and was a highly respected teacher and colleague, known for providing encouragement and support whenever it was needed.

ELIGIBILITY

One scholarship will be offered to graduating seniors from Freedom High School, who will attend a four years college or university and be enrolled in a full time course of study. Scholarships will be awarded without regard to race, creed, sex, ethnic background or handicap.

CRITERIA

- Outstanding math student
- Financial need
- Strong moral character
- Commitment to complete a four year degree
- Preference given to those pursuing degrees in teaching

ESSAY OR EQUIVALENT

Please submit a statement describing how your personal character and scholastic traits meet the criteria for this scholarship. This statement should be typed and no longer than two double-spaced pages.

SELECTION PROCESS

The Scholarship Committee at Freedom High School will review all applications according to the stated criteria and select the recipient to be recommended to the Community Foundation of Burke County (CFBC). The recommended recipient's application, including all attachments, will be forwarded to the CFBC by March 1st. The Board of Directors of the CFBC must give final approval of the recommendation before written notification will be sent to the recipient.

PAYMENT OF AWARDS

Payment of scholarship awards will be made directly to the college or university in accordance with financial policies established by the Board of Directors of CFBC.

The scholarship recipient must provide the CFBC with an official transcript from the college or university he/she attended at the end of each academic year for which a scholarship is received.

Please submit a completed application to your guidance department by February 20th.

**THE COMMUNITY FOUNDATION OF BURKE COUNTY
CLYDE NICHOLS YOUNG, JR. SCHOLARSHIP APPLICATION**

Please read each entire section before completing the application.

APPLICANT INFORMATION

Name _____
Last First Middle "Goes By"

Permanent Address _____

Email _____ Telephone _____

Date of Birth _____ Place of Birth (City/State or Country) _____

High School _____
School Name County School Phone Number

Please include a transcript with your application.

FAMILY INFORMATION

(List first, the parent/guardian you live with most)

Parent/Guardian 1 _____
First Name Last Name Work Phone #

Occupation _____ Employer _____

Parent/Guardian 2 _____
First Name Last Name Work Phone #

Occupation _____ Employer _____

Household: (check one) Single Parent _____ Two Parent _____

Number of People Living In Household: _____

Check if Applicable: () Father Deceased () Mother Deceased () Parents Separated () Parents Divorced

Please include a completed copy of FAFSA with your application.

Parent Education Levels:

- Mother a) High School Graduate: Yes ____ No ____ b) Four-year College Graduate: Yes ____ No ____
- Father a) High School Graduate: Yes ____ No ____ b) Four-year College Graduate: Yes ____ No ____

List names and ages of brothers & sisters living at home or in college who are dependents of parent (s) or guardian (s):

Name: _____ Age: _____ College: _____

Name: _____ Age: _____ College: _____

Name: _____ Age: _____ College: _____

Name: _____ Age: _____ College: _____

NAME _____

SCHOOL ACTIVITIES

In the space provided below or on a separate page, please list extracurricular activities in which you have participated during the past four years. Include clubs, sports, student government, fine arts, etc.

ACTIVITY	9 th	10 th	11 th	12 th	APPROX. TIME OUTSIDE CLASS HRS/WK WKS/YR	LEADERSHIP POSITIONS, LETTERS EARNED, AWARDS, RECOGNITION, ETC.

COMMUNITY & PERSONAL ACTIVITIES

In the space provided below or on a separate page, list community, church/synagogue and personal activities in which you have participated during the past four years. Include volunteer work, youth programs, athletic programs, music, dance, scouting, 4-H, or hobbies to which you have devoted time.

ACTIVITY	9 th	10 th	11 th	12 th	APPROX. TIME OUTSIDE CLASS HRS/WK WKS/YR	LEADERSHIP POSITIONS, LETTERS EARNED, AWARDS, RECOGNITION, ETC.

WORK EXPERIENCE

In the space provided below or on a separate page, please list any work experience (including self-employment) you have had during the past four years. Include summer jobs as well as employment during the school year. Complete this information beginning with your most recent work experience.

EMPLOYER – Contact Person & Phone	Position	Dates Employed	Hours/Week

NAME _____

COLLEGE/UNIVERSITY INFORMATION

List any colleges/universities previously attended and the dates of attendance:

What major(s) would you like to pursue? _____

Please complete the following information for your top three college choices.

1. School/City/State _____

Admission status: _____ Application Pending _____ Enrollment Offered _____ Enrollment Offer Accepted

2. School/City/State _____

Admission status: _____ Application Pending _____ Enrollment Offered _____ Enrollment Offer Accepted

3. School/City/State _____

Admission status: _____ Application Pending _____ Enrollment Offered _____ Enrollment Offer Accepted

COLLEGE STATEMENT: Attach a brief statement telling us why these institutions are most appealing to you.

ESSAY OR EQUIVALENT

Please submit a statement describing how your personal character and scholastic traits meet the criteria for this scholarship. This statement should be typed and no longer than two double-spaced pages.

OTHER AWARDS

Please list below or on a separate page the name, amount and status of any grants or scholarships for which you have applied for the coming school year.

NAME OF AWARD	AMOUNT	GRANTED	PENDING

Please notify the Community Foundation office of any grants or scholarships you receive after you submit this application.

CERTIFICATION

In voluntarily submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. I give my permission to this Scholarship Selection Committee, the Community Foundation of Burke County Scholarship Committee, the Directors of the Community Foundation of Burke County and Community Foundation Staff to release information contained in this application for the purposes of determining and publicizing scholarship awards.

Applicant's Signature _____ Date _____

- **Before submitting this application, please make a copy for your records.**
- **Insert all attachments inside the application and clearly indicate your name on the top right corner of all attachments.**
- **Do not use staples, since applications must be copied.**

Return a completed application to your high school guidance department by February 20th.

For more information, contact:

The Community Foundation of Burke County
Telephone: (828) 437-7105
E-mail: info@cfburkecounty.org