



# Felicia Brewer Opportunity Scholarship Application Form

Save this form to your computer BEFORE filling in the blanks. Open the saved file using Adobe Acrobat or Adobe Reader and complete by filling in the appropriate blanks. Save the completed application to your computer or flash drive before uploading or printing. Completed application forms, Federal Income Tax Returns (if applicable), and letters of recommendation must be submitted using the Foundation's online system on or before **February 28**. The online scholarships portal can be accessed at: <http://trianglecf.org/scholarships-awards/scholarshipgrant-portal/>

Transcripts should be mailed directly to Triangle Community Foundation.

## ■ PERSONAL DATA

Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Preferred/Nickname: \_\_\_\_\_ Male Female

Email: \_\_\_\_\_ Date of Birth: (mm-dd-yyyy) \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

List years you resided in North Carolina: \_\_\_\_\_

If different from above, please give your mailing address for all application-related correspondence:

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number : \_\_\_\_\_ Alternate Number: \_\_\_\_\_

## ■ CITIZENSHIP & ETHNICITY

Are you a US Citizen? Yes No If not a US Citizen, county of citizenship: \_\_\_\_\_

How many years have you lived in the US? \_\_\_\_\_

If applicable, what is your immigration status? \_\_\_\_\_

Mother's country of birth & childhood: \_\_\_\_\_

Father's country of birth & childhood: \_\_\_\_\_

Applicant's first language(s): \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Ethnicity/Race: \_\_\_\_\_

## ■ CAREER INTERESTS

What are your current career interests? (Such as artist, business, engineer, physician, teacher)

What are your current career goals and how did you come to choose them? (50 word maximum)

■ HOUSEHOLD INFORMATION

How many people live with you in your current household (including yourself)? \_\_\_\_\_

How long have you lived in this household? \_\_\_\_\_

Are you, or have you been in foster care?            Yes        No

Please list the primary caregiver(s) (parents or legal guardians) in this household:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Relationship: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Living    Deceased

How long have you lived with your mother?    All my life        From age \_\_\_\_\_ to age \_\_\_\_\_

Highest level of education completed : \_\_\_\_\_

College (if applicable): \_\_\_\_\_ Country: \_\_\_\_\_

What type of work does your mother do now? \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Living    Deceased

How long have you lived with your father?    All my life        From age \_\_\_\_\_ to age \_\_\_\_\_

Highest level of education completed : \_\_\_\_\_

College (if applicable): \_\_\_\_\_ Country: \_\_\_\_\_

What type of work does your father do now? \_\_\_\_\_

**Spouse (if married) or Guardian:** \_\_\_\_\_

Relationship: \_\_\_\_\_

How long have you lived with this person?    All my life        From age \_\_\_\_\_ to age \_\_\_\_\_

Highest level of education completed : \_\_\_\_\_

College (if applicable): \_\_\_\_\_ Country: \_\_\_\_\_

What type of work does your spouse or guardian do now? \_\_\_\_\_

**Names of brothers and sisters (please include step-brothers and step-sisters)**

Name	Age

■ FINANCIAL INFORMATION

Your marital status:      Single      Married      Separated or divorced

Name of dependents you support 50% or more (do not include yourself) \_\_\_\_\_

Are you supported by your parent(s) or guardian(s) 50% or more, or do you live with them?      Yes      No

Number of dependents your parent(s) or guardian(s) support 50% or more including yourself: \_\_\_\_\_

Applicant's expected gross annual income for 2017-2018:      \$ \_\_\_\_\_

**Family Income 2016**

Entire family income in 2016 is required for consideration; do not leave a line blank (please put a ZERO (0)) if no income was received):

Father's Gross Annual Income	\$ _____
Mother's Gross Annual Income	\$ _____
Guardian's Gross Annual Income	\$ _____
Applicant's Gross Annual Income	\$ _____
Spouse's Gross Annual Income	\$ _____
Social Security or Disability	\$ _____
TANF or Public Service	\$ _____
Child Support, Alimony (if not included above)	\$ _____
Interest, Dividends, Realized Capital Gains	\$ _____
Other Income (specify):	\$ _____
Total 2016 Gross Income:	\$ _____

Personal loans, gifts, etc. received in 2016      \$ \_\_\_\_\_

In the year 2016, did you, your parents, or anyone in your parents' household receive benefits from any of the federal benefit programs listed?

Supplemental Nutritional Assistance Program (SNAP/Food Stamps)

Free or Reduced Priced School Lunch

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

If total income is less than \$6,000 per year, please specify fund sources, with amounts, that allow you to live daily:

Please explain any significant income changes within the last year or anticipated in 2017-2018. Similarly, please comment on any significant unusual expenses or extenuating circumstances for those time periods. Please also describe any other significant financial resources available to the applicant, such as 529 college savings plans, or from persons other than parents who are not in the household, or substantial family assets not reflected in current income (please specify, attach an additional page if needed).

Did you, your spouse (if applicable) or your parents submit a Federal Income Tax Return last year?    Yes    No

**Please submit a copy of the 2016 or last submitted Federal Tax Return of yourself, your spouse (if married), and your parent(s) or guardian(s) if you are under 24 and single or were claimed as a dependent on a parent’s or guardian’s most recent return. If not available, please briefly explain or comment and provide alternative proof of income.**

■ EDUCATIONAL DATA

High School/College or University you now attend: \_\_\_\_\_ Date of Entry: \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_ Type of school:      Public      Independent      Parochial      Home School

School Address: \_\_\_\_\_

Weighted GPA: \_\_\_\_\_ Unweighted GPA: \_\_\_\_\_

Class Rank: \_\_\_\_\_ out of \_\_\_\_\_ students; \_\_\_\_\_ % of class

If there are any extenuating circumstances, or details regarding your academic performance that you would like to add or clarify, please describe below:

Schools and years you attended in the Chapel Hill/Carrboro School District:

Name of School	Year(s) Attended

List all other secondary programs you have attended, including summer schools and other programs you have attended beginning with ninth grade, as well as colleges or universities:

Name of School	Location (City, State)	Dates Attended and Degree Achieved

**\*Please send an official copy of transcripts from all high schools and colleges/universities you have attended. Also, proof of GED if applicable. If available, SAT or ACT High School Reports should be included with transcripts. Transcripts must be postmarked by February 28. Mail to Triangle Community Foundation, Attn: Felicia Brewer Opportunity Scholarship, PO Box 12729, Durham NC 27709.**

■ EDUCATION PROGRAM FOR WHICH SCHOLARSHIP FUNDS ARE REQUESTED

**For applicants currently enrolled in post high school education:**

Annual TUITION and FEES (excluding room and board) you are paying for current academic year: \$ \_\_\_\_\_

Estimate of current 2016-2017 ANNUAL Academic Year Resources (if applicable):  
 (Note: please leave fields blank if you are not receiving any resources from that source.)

School Scholarships	\$ _____
Other Outside Scholarships	\$ _____
Annual Student Loans	\$ _____
Annual Work-Study	\$ _____
Annual Assistant/Fellowships	\$ _____
Annual JTPA or PIC Benefits	\$ _____
Annual Veterans Benefits	\$ _____
Annual Pell Grant	\$ _____
From relatives, not including those in family income	\$ _____
From 529 Plans or similar college saving programs	\$ _____
Other Grants (annual)	\$ _____
<b>TOTAL PROJECTED RESOURCES</b>	<b>\$ _____</b>

**For all applicants:**

Please list all of the colleges/universities to which you have applied. List in order of preference of attendance with number one as your top choice.

	Name of College/University	Location (City, State)	Annual cost of tuition and fees (not including room and board)
1			
2			
3			
4			
5			
6			

Will you attend:    Full Time?    Part-time?    (If Part-time, number of credit hours per term) \_\_\_\_\_

Have you completed the 2017-2018 FAFSA?                      Yes            No            I'm not eligible

*We strongly encourage all eligible students to complete the FAFSA. You are eligible if you are a US citizen or national, a US permanent resident, have been granted refugee or asylum status, and/or have a T-visa. Please view a complete guide to eligibility at [studentaid.ed.gov](http://studentaid.ed.gov)*

How much does your family expect to be able to contribute to your education annually?                      \$ \_\_\_\_\_

Please list all other aid/assistance for which you have applied for the 2016-2017 academic year:

Type of Aid/Assistance (e.g. scholarships, grants, loans)	Estimated Amount	Status (Approved, Pending, or Declined)

How will receiving or not receiving the Felicia Brewer Opportunity Scholarship impact your college plans?

■ TEST INFORMATION

**ACT Scores**

Date taken/to be taken	English	Math	Reading	Science	Composite	Writing

**SAT I or SAT Reasoning Tests**

Date taken/to be taken	Verbal/Critical Reading	Math	Writing

**SAT II or Subject Tests**

Date taken/to be taken	Subject	Score

**Test of English as a Foreign Language (TOEFL) or Other Exam**

Test	Date taken/to be taken	Score

■ ACADEMIC AND OTHER HONORS

Briefly list or describe any scholastic distinctions or honors you have received beginning with the ninth grade (e.g., National Merit, Cum laude Society, etc.). Limited to 5.

- 1.
- 2.
- 3.
- 4.
- 5.

■ **EXTRACURRICULAR, PERSONAL, AND VOLUNTEER ACTIVITIES (Including Summer)**

Please list your principal extracurricular, community and family activities and hobbies in the order of their interest to you. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, etc.

Activity	Grade Level					Approx. time spent participating		Position, Honors, Letters, Etc.
	9	10	11	12	Post Grad.	Hrs./week	Weeks/year	

Describe which single activity/interest listed represents your most meaningful commitment and why. (50 word maximum)

■ **WORK EXPERIENCE**

List any jobs (including summer employment) you have held during the past three years. Please do not include a résumé.

Nature of Work	Employer	Start	End	Appox. Hrs. per week	Summer Job?

During the school year, when do you work?      Weekends      Afterschool      Both

To what use have you put these earnings?

■ **NARRATIVE QUESTION**

List and describe up to 5 factors (events, accomplishments, failures, circumstances, special relationships, etc.) that have most shaped who you are. Please limit your response to this page and one additional page if needed.



■ **NARRATIVE QUESTION (continued)**

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