



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 |
|------|-----|
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■ 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 2016-2017: \$ _____

Family Income 2015

Entire family income in 2015 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 2015 Gross Income: | \$ _____ |

Personal loans, gifts, etc. received in 2015 \$ _____

In the year 2015, 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 2016-2017. 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 2015 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 |
|----------------|------------------|
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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 |
|----------------|------------------------|------------------------------------|
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***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, 324 Blackwell St. Suite 1220, Durham, NC 27701.**

■ 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 2015-2016 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) | \$ _____ |
| TOTAL PROJECTED RESOURCES | \$ _____ |

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) | Cost of tuition and fees (not including room and board) |
|---|----------------------------|------------------------|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

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

Please list all other aid/assistance for which you have applied for the 2015-2016 academic year:

| Type of Aid/Assistance (e.g. scholarships, grants, loans) | Estimated Amount | Status (Approved, Pending, or Declined) |
|---|------------------|---|
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How will receiving or not receiving the Felicia Brewer Opportunity Scholarship impact your college plans?

■ TEST INFORMATION

ACT Scores

| Date take/to be take | English | Math | Reading | Science | Composite | Writing |
|----------------------|---------|------|---------|---------|-----------|---------|
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SAT I or SAT Reasoning Tests

| Date taken/to be taken | Verbal/Critical Reading | Math | Writing |
|------------------------|-------------------------|------|---------|
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SAT II or Subject Tests

| Date taken/to be taken | Subject | Score |
|------------------------|---------|-------|
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Test of English as a Foreign Language (TOEFL) or Other Exam

| Test | Date taken/to be taken | Score |
|------|------------------------|-------|
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■ 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 | |
| | | | | | | | | |
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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 | Approx. Hrs. per week | Summer Job? |
|----------------|----------|-------|-----|-----------------------|-------------|
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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)**
