

## **Donald Bartlett/Goldsboro VFD Scholarship Guidelines**

- A. Choice of School: Accredited four-year college or university, or accredited two-year institution.
- B. Who May Apply: Graduating Seniors of Colonel Richardson High School and North Caroline High School who have selected their college and have been accepted for admission as a full-time student.
- C. Considerations: Demonstrated financial need, community involvement, academic achievement and extracurricular activities. Preference will be given to students pursuing a career in health care, nursing or EMS.
- D. Nature of Award: \$750 minimum for one academic year.
- E. How to Apply: Applications are available at Colonel Richardson high school guidance office and North Caroline High School or can be downloaded at [www.cfes.org](http://www.cfes.org) . Completed applications must be submitted to the Guidance office no later than April 1st of the current school year, to be eligible for fall semester assistance. An application is complete, and considered for a scholarship award, only when the following have been submitted:
  - 1. A completed scholarship application
  - 2. Official high school transcript of grades
  - 3. Letter of acceptance from college or university
  - 4. An essay about the applicant's personal life goals and values.
  - 5. Copy of parent/guardian and student's most recent income tax return.
  - 6. Two letters of recommendation from non-family members (e.g. teacher, guidance counselor, employer, athletic coach, etc.)
  - 7. Applicant may be required to be interviewed by the Scholarship Selection Committee

**DONALD BARTLETT/ GOLDSBORO VFD SCHOLARSHIP APPLICATION**

**Student Name** \_\_\_\_\_  
Last First M.I.

**Permanent Address** \_\_\_\_\_  
Street

City State Zip  
**Telephone** ( ) **Social Security Number** \_\_\_\_\_

**How long have you been a resident of your County?** \_\_\_\_\_

**High School** \_\_\_\_\_ **Graduation Date** \_\_\_\_\_  
Month/Year

\_\_\_\_\_ ( ) \_\_\_\_\_  
Address Telephone

**College or University for which aid is requested** \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_  
Address Telephone

**Entrance Date** \_\_\_\_\_

**List Extracurricular Activities, Work experience, Community service, Volunteer projects in which you have participated** (attach additional sheet if necessary):

I certify that I am a legal resident of \_\_\_\_\_ County, State of Maryland and that all information on this form is true and complete to the best of my knowledge.

\_\_\_\_\_  
Students Signature Date Parent's Signature Date