

## THE HERMAN LAFFOON TPA SCHOLARSHIP

The Elkin Post CC of the North Carolina Division of the Travelers Protective Association awards an annual scholarship in the amount of \$750 to a graduating high school senior from either Elkin High School, East Wilkes High School, or Starmount High School.

This scholarship is named for the awarded in the memory of Mr. Herman Laffoon, who was a long-time resident of the area and a leader in the Elkin TPA Post for many years.

The scholarship, in the form of a check, will be given to the recipient and will be made payable to the recipient and to the college, technical or nursing school of the student's choice upon verification of enrollment. The check will be presented to the recipient at the annual TPA membership dinner in the spring and a presentation of the award will be made during the academic awards program at the recipient's high school.

The award will be based on the following qualifications:

1. Scholastic aptitude
2. Character
3. Participation in extra-curricular activities
4. Community activities
5. Any curriculum choice at an accredited school (4-year, junior, community, technical, or nursing.)
6. Demonstration of some financial need
7. Not having received a full scholarship
8. Applicant attending an interview with the scholarship review committee from the Elkin TPA Post

The applicant must submit the following information:

1. The completed application form
2. A certified transcript which includes a four-year scholarship record and class rank
3. Three references (using the attached forms). One reference must come from school personnel, one reference from the community, and one at-large. No reference should be related to the applicant.

The completed scholarship application, with references, must be filed with the high school guidance counselor, who will forward it to the scholarship committee of the Elkin TPA Post CC.

The committee will review all applications, interview each applicant, and select the winner. Both the recipient and his/her high school will be notified.

**ALL COMPLETED APPLICATIONS MUST BE RECEIVED BY THE GUIDANCE COUNSELOR BY APRIL 1 OF EACH YEAR.**

**STUDENT APPLICATION**

Name: \_\_\_\_\_

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

Parent(s): \_\_\_\_\_

**I. Beside each item, indicate the year of participation. (Example: Marching Band (9,10,11,12))**

**ACTIVITIES** *(List all School and Community Activities)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Honors and Awards:** (Indicate the year(s) awarded)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Experience:** (Indicate approximate time employed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(You may use the back of this sheet if necessary)*

**STUDENT'S STATEMENT**

**II. In your own words, state your vocational ambitions, your educational plans, and why you would like to receive the Herman Laffoon Scholarship:**

**Student's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REFERENCE FORM FOR THE HERMAN LAFFOON SCHOLARSHIP**

Thank you for agreeing to serve as a reference for the following student:

\_\_\_\_\_

Student's High School:\_\_\_\_\_

Complete this form and return it to the applicant in a sealed envelope with your signature written across the seal. Please be aware that the completed application must be in the hands of the school counselor by April 1.

Please rate the student in each of the following areas, using the point scale shown:

**Fair or acceptable-5 points**  
**Good or above average-10 points**

**Excellent or outstanding-15 points**  
**Superior or truly remarkable-20 points**

- 1. Exhibits a high degree of scholarship and interest in learning \_\_\_\_\_
- 2. Demonstrates appropriate self-respect (i.e. cares for his/her physical, social and health needs) \_\_\_\_\_
- 3. Respects the uniqueness and individuality of others \_\_\_\_\_
- 4. Demonstrates qualities of leadership and cooperation \_\_\_\_\_
- 5. Takes responsibility for his/her actions \_\_\_\_\_

**Total** \_\_\_\_\_

**PLEASE STATE IN THE AREA BELOW YOUR PERSONAL EVALUATION OF THIS STUDENT'S POTENTIAL FOR CONTINUED ACADEMIC ACHIEVEMENT AND WHY YOU SUPPORT THIS STUDENTS APPLICATION. *You may use the back of this sheet if necessary.***

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

POSITION TITLE \_\_\_\_\_

**REFERENCE FORM FOR THE HERMAN LAFFOON SCHOLARSHIP**

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**Total** \_\_\_\_\_

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