

WHITLOW-OSBORNE SCHOLARSHIP
ADMINISTRATED BY
NORTH CAROLINA ASSOCIATION OF RESCUE &
EMERGENCY MEDICAL SERVICES, INC.

P.O. Box 1914
Goldsboro, N.C. 27533-1914
Telephone 919/736-0506 Fax 919/736-7759 E-Mail ncarems@ncarems.org

CHILDREN OR MEMBERS SCHOLARSHIP APPLICATION

2-YEAR _____ \$2,000.00

STUDENT MUST ENTER INTO AN EMERGENCY SERVICES CURRICULUM

Available to High School Seniors in the following counties: Alamance, Alleghany, Ashe, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes and Yadkin.

Funded by the families of Carson and Maggie Whitlow and William F. Osborne.

APPLICANT'S INFORMATION * PLEASE TYPE OR PRINT * DEADLINE: MARCH 31

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE #() _____ E-MAIL ADDRESS _____

STUDENT'S AGE _____ DOB ____/____/____ S.S.# ____/____/____

WHAT UNIVERSITY, COLLEGE, COMMUNITY COLLEGE, TRADE OR TECHNICAL SCHOOL IN NORTH CAROLINA DO YOU PLAN

TO ATTEND? _____

I have read and understand the eligibility rules and I agree I will abide by same. I agree that if any changes occur in my eligibility, I will notify the NCAR&EMS immediately. Failure to do so may void my scholarship.

APPLICANT'S SIGNATURE

DATE

FAMILY INFORMATION

FATHER'S NAME _____ S.S.# ____/____/____

APPLICANT'S RELATIONSHIP _____ RESCUE/EMS MEMBER: YES ___ NO ___

PHONE # D: () _____ N: () _____ () C: _____ OCCUPATION _____

MOTHER'S NAME _____ S.S.# ____/____/____

APPLICANT'S RELATIONSHIP _____ RESCUE/EMS MEMBER: YES ___ NO ___

PHONE # D: () _____ N: () _____ () C: _____ OCCUPATION _____

NUMBER OF CHILDREN IN FAMILY _____ AGES OF CHILDREN _____

DO YOUR PARENTS HAVE OTHER CHILDREN CURRENTLY ATTENDING ADVANCED SCHOOLS?

YES ___ NO ___ IF YES, WHERE _____

-Please do not staple, tape or paper clip application or other enclosed information.

-Please include 1 - 8 listed below with your application.

-Please type or print on sheets included with application.

-You may copy these sheets if additional space is needed.

-(List by years, 9th through 12th grades only.)

1. **EXTRA-CURRICULAR ACTIVITIES (such as sports, band, clubs, offices held, etc.)**
2. **CHURCH and COMMUNITY ACTIVITIES (such as choir, usher, scouts, 4-H, etc.)**
3. **HONORS (such as academic awards, coaches awards, scouting awards, club awards, etc.)**
4. **Type or printed description of your plans after college.**
5. **HIGH SCHOOL TRANSCRIPT (including S.A.T. scores or ACT scores).**
6. **WORK EXPERIENCE, if any.**
7. **FINANCIAL NEED such as medical expenses, care of additional family members, etc.**
8. **STUDENT FINANCIAL RESOURCES you may be receiving or are going to receive. (such as Social Security Benefits, Scholarships, grants or loans.)**

If you have any questions regarding the scholarship program, please call the NCAR&EMS at 919/736-0506.

CHECK LIST.....HAVE YOU COMPLETED YOUR APPLICATION???

- APPLICANT'S SIGNATURE EXTRA-CURRICULAR LIST
- CHURCH & COMMUNITY LIST HONORS LIST
- HIGH SCHOOL TRANSCRIPT WORK EXPERIENCE
- DESCRIPTION OF PLANS AFTER COLLEGE
- INCLUDING S.A.T. SCORES OR ACT

EXTRACURRICULAR ACTIVITIES

List activities in column at left. Check years involved in columns at right.

List activities	9th	10th	11th	12th

HONORS, AWARDS, SPECIAL RECOGNITION LIST

List activities in column at left. Check years involved in columns at right.

List honors & awards special recognition	9th	10th	11th	12th

WORK EXPERIENCE

List work experience in column at left. Check years worked in columns at right.

	9th	10th	11th	12th

FINANCIAL NEED

FINANCIAL RESOURCES

List financial resources, social security benefits, scholarships, grants or loans which you will be receiving. Please indicate if it will be for each year of school or a one-time award.

DESCRIPTION OF PLANS AFTER COLLEGE