

REVISED 12/07      **NORTH CAROLINA BAR ASSOCIATION SCHOLARSHIP  
APPLICATION OF CHILDREN OF  
SLAIN OR PERMANENTLY DISABLED LAW ENFORCEMENT OFFICERS**

*You may use this application to apply for a scholarship available from a fund created by the North Carolina Bar Association if you meet the standards set forth below:*

**ELIGIBILITY:**

- 1. You are the natural or adopted child of a North Carolina law enforcement officer who was killed or permanently disabled in the line of duty.*
- 2. You must make your first application before you reach your 27th birthday.*
- 3. At the time you receive the scholarship, you must be enrolled or accepted for admission in a college, vocational training school or other educational institution, approved by the Scholarship Committee of the Young Lawyers Division of the North Carolina Bar Association.*

*The amount awarded will depend upon many factors, including the amount available for awards, the number of applicants and the cost of the institutions including living arrangements, tuition and other sources of funding. Each application will be reviewed by the YLD Scholarship Committee on a year-by-year basis. A renewal application must be submitted each year. The Scholarship Committee cannot assure any applicant that he/she will receive an award for any certain amount, whether a first-time or renewal applicant.*

**MANNER OF APPLICATION:**

*Applicant should complete Parts I-VII and send them **\*\*with your most recent academic transcript\*\*** to the Scholarship Committee at the address denoted below as soon as possible, but no later than Tuesday, April 1, 2008.*

- 1. Please forward your final transcript for the academic school year to the scholarship committee no later than June 15, 2008 [unless special arrangements have been made], for the grant cycle to begin.*
- 2. If questions, contact Jacquelyn Terrell, YLD Staff Liaison, at [jterrell@ncbar.org](mailto:jterrell@ncbar.org) or 1-800-662-7407.*
- 3. MAIL TO: ATTN: YLD SCHOLARSHIP COMMITTEE, PO Box 3688, Cary, NC 27519*

- 1. Applicant should immediately deliver Part VIII to the appropriate Financial Aid Officer of the college or school he or she plans to attend, with the request that the Financial Aid Officer complete the information requested and forward it to the Scholarship Committee at the above address no later than Tuesday, April 1, 2008.*
- 2. The North Carolina Bar Association Young Lawyers Division Scholarship Committee requires at minimum a 2"x3" photograph of each scholarship recipient for use with publicity.*
- 3. The North Carolina Bar Association Young Lawyers Division Scholarship Committee may require an interview before the scholarship is awarded.*
- 4. The North Carolina Bar Association Young Lawyers Division Scholarship Committee reserves the right to reevaluate awards at anytime if a student's curriculum changes, learning institution changes or if the student's academic performance becomes questionable. The Scholarship Committee reserves the right to reject applications that are not completed in full.*

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**PART II [School Year 2008-2009]**

**TELL US ABOUT YOUR PAST AND CURRENT EDUCATION**

**A. If you are presently attending high school:**

**Name of School:** \_\_\_\_\_

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

**Date of Graduation:** \_\_\_\_\_ **Name of Guidance Counselor:** \_\_\_\_\_

**Guidance Counselor Telephone Number:** ( ) \_\_\_\_\_

**B. If you already have graduated from high school, please state the name and address of the high school you graduated from and year/date of graduation.**

**Name of School:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date of Graduation:** \_\_\_\_\_

**C. If you are not presently attending high school and you did not graduate from high school, please state the last grade of school completed and the name and address of high school last attended.**

**Last grade completed:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

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

**Did you receive a GED (General Education Development) Certification?** ( ) Yes ( ) No

**If yes, when did you receive the GED Certificate?** \_\_\_\_\_

**From what program?** \_\_\_\_\_

**Describe any other educational program (including name of program and location) you may have attended, completed or are presently attending (for instance: trade school or college).**

\_\_\_\_\_  
\_\_\_\_\_

**Dates attended:** \_\_\_\_\_

**Please enclose an official academic transcript that includes your last fully completed academic year. If additional information is needed, you will be notified.**

**PART III** [School Year 2008-2009]

What school are you planning to attend? \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone Number of School: ( ) \_\_\_\_\_

Have you been notified of acceptance at the school? \_\_\_\_\_

**\*\*Which quarters or semesters will you be attending during the period covered by this application? [Funding is from May 2008 – May 2009]\*\***

**Summer 2008**  **Fall 2008**

**Spring 2009**  **Summer 2009**

Prospective Date of Graduation: \_\_\_\_\_

Will you be considered a full-time student?  yes  no

Will you be considered a part-time student?  yes  no

Are you classified as an undergraduate student?  yes  no

Are you classified as a graduate student?  yes  no

Are you considering graduate school immediately after undergraduate work?  yes  no

How did you find out about this scholarship? \_\_\_\_\_  
\_\_\_\_\_

Please list any special resources you used to find scholarship money? \_\_\_\_\_  
\_\_\_\_\_

What will be your class designation during this period?

- freshman*
- sophomore*
- junior*
- senior*
- graduate student*



*What do you anticipate your expenses will be in order for you to go to school? Please itemize your expenses. Indicate whether they are shown by quarter \_\_\_\_\_ or by semester \_\_\_\_\_. (check one)*

1. *Tuition* \_\_\_\_\_  
*Each Quarter or Semester*

2. *Room and Board* \_\_\_\_\_  
*Each Quarter or Semester*

3. *Books* \_\_\_\_\_  
*Each Quarter or Semester*

4. *Other - Please describe in detail other expenses you will incur related to school attendance (such as travel, equipment, supplies, etc.).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Each Quarter or Semester*

*How much money is available to you for your education?*

1. *Other scholarships received (describe)* \_\_\_\_\_

\_\_\_\_\_

2. *Other scholarships you have applied for and are waiting for a decision (describe)*

\_\_\_\_\_  
\_\_\_\_\_

3. *Name any loans applied for and/or received (see # 5 on next page).*

\_\_\_\_\_

4. *Family (describe)* \_\_\_\_\_

\_\_\_\_\_

5. *Work (describe)* \_\_\_\_\_

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6. *Loans (describe those you have applied for/and current status - i.e.: dollar amount, denied or pending)*

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**PART IV [School Year 2008-2009]**

**\*\*This portion must be filled in to be eligible for consideration.\*\***

***Please use this page to tell us about yourself, for example, extracurricular activities, special interests, or your special achievements. Also, tell us how you will use this scholarship, and why the scholarship is needed.***

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**PART V [School Year 2008-2009]**

**TELL US WHY YOU ARE ELIGIBLE FOR THIS SCHOLARSHIP**

Full name of parent upon whom eligibility is based: \_\_\_\_\_

Check one: Deceased \_\_\_\_\_ or Permanently Disabled \_\_\_\_\_

Name, Address and Telephone Number of Law Enforcement Agency parent was employed with at the time of death or permanent disability: \_\_\_\_\_

Did parent's death or disability occur in the line of duty? \_\_\_\_\_

Dates of parent's employment: \_\_\_\_\_ Date of parent's death (if applicable): \_\_\_\_\_

Date of parent's permanent disability (if applicable): \_\_\_\_\_

Nature of disability \_\_\_\_\_

**PART VI**

**TELL US ABOUT YOUR FAMILY**

**Father (if living)**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Hours per Week \_\_\_\_\_ Income: Hourly wage: \_\_\_\_\_ or Salary per year \_\_\_\_\_

**Mother (if living)**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Hours per Week \_\_\_\_\_ Income: Hourly wage: \_\_\_\_\_ or Salary per year \_\_\_\_\_

**Step-parents (if applicable)**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Hours per Week \_\_\_\_\_ Income: Hourly wage: \_\_\_\_\_ or Salary per year \_\_\_\_\_

How many brothers and sisters are in your family? \_\_\_\_\_

What are their ages? Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Have any of these brothers or sisters been awarded a scholarship through this program? \_\_\_\_\_

If so, list by name: \_\_\_\_\_



**PART VII**

**STUDENT CERTIFICATION, AUTHORIZATION AND AGREEMENT**

*I CERTIFY that the information reported in this application for scholarship and any attachments submitted herewith are true, correct, and complete to the best of my knowledge. I authorize use of information on this form by the North Carolina Bar Association Young Lawyers Division Scholarship Committee. I authorize the release and exchange of information to, by and between the North Carolina Bar Association Scholarship Committee and educational institutions; and I agree that such information released and/or exchanged may include financial, enrollment, academic status and such other information as may be necessary to assure proper administration of student scholarship grants by the North Carolina Bar Association Scholarship Committee and institutional program administrators. I have read the eligibility requirements of this scholarship program and agree to the conditions stated herein.*

\_\_\_\_\_  
*Date application delivered or  
forwarded to school Financial  
Aid Office*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date of Signature*

**RELEASE AND EXCHANGE OF INFORMATION AUTHORIZATION**

***[School Year 2008-2009]***

***I authorize the release and exchange of information to, by and between the North Carolina Bar Association Scholarship Committee and \_\_\_\_\_ (name of parent's employer at time of death or disability); and I agree that such information released and/or exchanged may include such information as may be necessary to confirm the death or permanent disability in the line of duty of the parent upon whom this scholarship application is based and such other information as may be necessary to assure proper administration of student scholarship grants by the North Carolina Bar Association Scholarship Committee.***

\_\_\_\_\_

***Signature of***

***(check one)***

***Disabled Parent \_\_\_\_\_***

***OR***

***Surviving Parent \_\_\_\_\_***

\_\_\_\_\_

***Date of Signature***



**SAMPLE CONFIRMATION LETTER**  
**BY**  
**LAW ENFORCEMENT AGENCY ON**  
**SPECIFIC LAW ENFORCEMENT LETTERHEAD**

*Date*

*{Below is to whom the letter should be addressed}*

*Young Lawyers Division Scholarship Committee  
c/o Jacquelyn Terrell-Fountain  
NC Bar Association  
P.O. Box 3688  
Cary, N.C. 27519*

*Dear Ms. Terrell-Fountain:*

*[Parent's name that was employed] was employed with the [name of law enforcement agency] from [date of employment] when he/she left with a [reason for leaving permanent/disability/death]. This {disability/death} followed [short synopsis of reason and that it was in the line of duty.]*

*Sincerely,*

*[Signature by appropriate person who would confirm disability or death of parent]*

**NOTE: FINANCIAL AID OFFICER MUST COMPLETE AND RETURN  
NO LATER THAN TUESDAY, APRIL 1, 2008**

**NORTH CAROLINA BAR ASSOCIATION SCHOLARSHIP APPLICATION  
[School Year 2008-2009]**

**PART VIII**

Name of Student \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ Student's Telephone Number \_\_\_\_\_

Student's Home Address \_\_\_\_\_

*I authorize the release and exchange of information to, by and between the educational institution I am attending or plan to attend and the North Carolina Bar Association Scholarship Committee. I agree that such information released and/or exchanged may include financial, enrollment, academic status and such other information as may be necessary to assure proper administration of student scholarship grants by the North Carolina Bar Association Scholarship Committee and educational institutions program administrators.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature if student is under age 18 \_\_\_\_\_

**SCHOOL CERTIFICATION**

1. Name of School \_\_\_\_\_

2. Name and title of school official the North Carolina Bar Association may contact regarding above-named student \_\_\_\_\_

3. Telephone number of above school office ( ) \_\_\_\_\_

4. The school operates on a ( ) Semester ( ) Quarter or ( ) Other basis  
If other, describe \_\_\_\_\_

5. Is this student accepted for enrollment at your institution? ( ) Yes ( ) No

6. Is the student currently enrolled and attending your institution? ( ) Yes ( ) No

7. If enrolled, is the student maintaining satisfactory progress in a course of study at your institution?  
( ) Yes ( ) No

8. If not accepted, is the student on a waiting list for acceptance? ( ) Yes ( ) No

When do you expect to make a decision regarding the student's acceptance? \_\_\_\_\_



**NOTE: FINANCIAL AID OFFICER MUST COMPLETE AND RETURN  
NO LATER THAN TUESDAY, APRIL 1, 2008**

9. If the student is not yet enrolled, the next term in which this student will be enrolled begins on \_\_\_\_\_

10. Type of School      ( ) College      ( ) Vocational School      ( ) Other -(describe)

11. Please supply the following financial information and indicate whether it is pertaining to this student for the current semester \_\_\_\_\_, or for the current quarter \_\_\_\_\_, or current year \_\_\_\_\_.

**EXPENSES**

**RESOURCES**

Tuition/Fees \_\_\_\_\_

Family, Student Contribution \_\_\_\_\_

Room/Board \_\_\_\_\_

Scholarship/Grants (list below):

Books \_\_\_\_\_

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ \$ \_\_\_\_\_

Miscellaneous \_\_\_\_\_

3) \_\_\_\_\_ \$ \_\_\_\_\_

Work Study \_\_\_\_\_

Other \_\_\_\_\_

Total \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

12. Was the student considered a dependent or self-supporting student for federal aid purposes? \_\_\_\_\_

I CERTIFY that the information given above is true, complete and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**NOTE TO SCHOOL ADMINISTRATOR - Please return this completed form by Tuesday, April 1, 2008 to:  
ATTENTION: YLD SCHOLARSHIP COMMITTEE  
North Carolina Bar Association  
Post Office Box 3688  
Cary, North Carolina 27519**

If you have any questions regarding the application, please call Jacquelyn Terrell at the North Carolina Bar Association, at [jterrell@ncbar.org](mailto:jterrell@ncbar.org) or call 1-800-662-7407 or 919-677-0561.