

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 RULES

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.

RULES AND DIRECTIONS FOR PARTICIPATION IN THE WHITLOW-OSBORNE SCHOLARSHIP AWARDS PROGRAM

The N. C. Association of Rescue and EMS administrates this award for the Carson and Maggie Whitlow and William F. Osborne families and will each year award (1) \$2,000.00 scholarship to a High School Senior in one (1) of following counties: Alamance, Alleghany, Ashe, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes and Yadkin. Recipient must enter into an Emergency Services Curriculum for a course of study at a community college, technical institute, or an accredited trade school in the fall that same year. Awards will be paid to the student in installments of \$500.00 per semester. This scholarship may be awarded for a total of two (2) years.*

The following criteria should be submitted with each application, on the forms provided. (copies of these forms may be made if needed)

(Listing by years from 9th grade through 12th grade.)

1. A listing of extracurricular activities
2. A listing of church and community activities
3. A listing of honors, awards, special recognition's
4. A typed description of the student's plans after college
5. A high school transcript, including S.A.T. Scores
6. A list of work experience, if any. List hours per week worked.
7. Financial need such as medical expenses, care of additional family members, etc.
8. Financial resources you may be receiving or are going to receive such as social security, scholarships, loans, etc.

Awards shall be based upon the student's scholastic achievement, intellectual ability, financial need, character, and promise of future contribution to our State and Nation. Selection of recipients is to be made without discrimination as to race, sex, creed or national origin.

After entering school; a recipient must stay continuously enrolled in an accredited institution, maintain a 2.0 cumulative grade point average each semester and carry twelve (12) credit hours or more each semester. To receive payment applicants must furnish a transcript or grade report of the previous semester, Fall grades by February, 10th, Spring grades by July 10th. Payment will be made upon receipt of transcript or grade report. (Exemptions are for odd class schedule, summer school, compressed, accelerated, etc., sixty (60) days shall apply). Failure to do so will result in loss of scholarship.

Applications will be made available by January 1st to High School Seniors and Members of an Emergency Services organization in the following counties: Alamance, Alleghany, Ashe, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes and Yadkin. Applicants must apply by March 31st.

Scholarship winners will be notified by May 15th of the year it is awarded.

1. The scholarship application forms will be available by January 1st.
2. Applications must be submitted no later than March 31st.
3. Applicants are restricted to those High School children in the following counties Alamance, Alleghany, Ashe, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes and Yadkin.
4. Recipient must attend college in the same year they apply for the scholarship.
5. Recipient must go to a college in North Carolina.

CHILDREN OR MEMBERS SCHOLARSHIP APPLICATION

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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 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???

- | | |
|---|--|
| <input type="checkbox"/> APPLICANT'S SIGNATURE | <input type="checkbox"/> EXTRA-CURRICULAR LIST |
| <input type="checkbox"/> CHURCH & COMMUNITY LIST | <input type="checkbox"/> HONORS LIST |
| <input type="checkbox"/> HIGH SCHOOL TRANSCRIPT | <input type="checkbox"/> WORK EXPERIENCE |
| <input type="checkbox"/> DESCRIPTION OF PLANS AFTER COLLEGE | |
| <input type="checkbox"/> 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

CHURCH & COMMUNITY 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