

**Dave Rooks Memorial Scholarship
And Asheboro Civitans Club Scholarship**

\$500 Scholarship Application

Due Date: July 7th 2006

Please follow all directions as accuracy is very important.
Applications submitted without all the required items will not be considered.

Please include the following:

- Completed Application
- Official copy of transcripts
- Letter of acceptance to the college you are attending.
- (optional) Letters of reference from programs in which you have participated.
- (optional) Picture for publicity (the committee will not see the picture during the selection process and is only for a media release if you win.
 - Please put your name on the back of the picture.

General Information

Full Name

Physical Address:

Mailing Address:

**Phone: () -
Home**

Phone: () -

Social Security #

Are you currently residing in Randolph County, NC? **Yes** **No**

How long have you resided in Randolph County, NC? **Yes** **No**

What is your current job position and who is your employer?

Are you the Head of Household? (Single living on your own or single with dependents.)
Yes **No**

If yes, number of dependents in your household not including yourself. _____

Financial Information (choose the situation that applies to you)

1. **If you are living with and /or are supported by your parents**, please include requested financial information for both you and your parents.

a. **2005** TOTAL GROSS INCOME

i. STUDENT: _____

ii. PARENT(S): _____

b. **2006** EXPECTED GROSS INCOME

i. STUDENT: _____

ii. PARENT(S): _____

c. How many dependents are in your household (include parents, yourself and any and all siblings)? _____

2. **If married**, please include combined income of you and your spouse?

a. **2005** TOTAL GROSS INCOME

i. STUDENT: _____

ii. SPOUSE: _____

b. **2006** EXPECTED GROSS INCOME

i. STUDENT: _____

ii. SPOUSE: _____

3. **IF single**, living on your own provided your total income.

a. **2005** TOTAL GROSS INCOME

i. STUDENT: _____

b. **2006** EXPECTED GROSS INCOME

i. STUDENT: _____

Number of dependents: _____

All applicants:

Are you currently, or will you be receiving or have you received any other scholarships or loans of any type?

Source(s) _____

Amounts(s) _____

Additional Information

(Please type or print neatly in pen. An attached sheet is acceptable.)

1. Briefly describe your interest in mental health.

2. Please list any employment positions you have held and/or any community activities in which you have been involved. (optional: Include letters of support from employers or project managers)

3. Explain why you chose your particular degree/major and describe the type of employment you plan to seek within your profession upon graduation.

My signature certifies that the completed information is correct to the best of my knowledge and that I am committed to educating myself to work in a mental health field.

Signature

Date