

NORTH CAROLINA UNITED SOCIETY OF FRIENDS WOMEN
Eliza Armstrong Cox (Life Member) Scholarship Fund

Application (page 1 of 2)
(all questions must be answered)

_____		_____	
NAME		DATE OF BIRTH	

HOME ADDRESS	CITY	STATE	ZIP CODE

Phone #	_____	email address	_____

Please give specific information as requested about your family

Full Name	Address	Phone #	Occupation

Father			

Mother			

Spouse			

Brothers and Sisters	Age	Brothers and Sisters	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Have you anyone dependent upon you for support? _____

2. What other source(s) of financial support for your education can you depend on? (List Scholarships, etc. giving amounts per year) _____

3. Which secondary schools and/or colleges have you attended? _____

4. Of which Monthly Meeting are you a member: _____

5. In what ways do you participate in your Monthly Meeting _____

6. List the Friends activities outside your Monthly Meeting in which you are involved _____

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7. In which school or college are you currently enrolled? _____
Circle your current year: Freshman Sophomore Junior Senior

8. If not currently enrolled in college, give the name of the college where you have been accepted.

The three (3) required references must be: (a) An employee of the school you are attending or have attended
(b) A leader of your Monthly Meeting
(c) Someone outside your immediate family who knows you well. (Indicate your relationship to that person.)

***Please give a form to each of your 3 references to return to Bennie Burton by March 15.**

<u>Name</u>	<u>Address</u>	<u>Position</u>
* _____		
_____		Phone # _____

In which way are you acquainted with the above person? _____

* _____
_____ Phone # _____

In which way are you acquainted with the above person? _____

* _____
_____ Phone # _____

In which way are you acquainted with the above person? _____

Please return with your application a LETTER telling us of your hobbies, interests, activities, your plans for the future, and any other information you would like to share with us.

Your signature _____ Date _____

Return before March 15:

Bennie Burton
155 Toms Creek Bluff Ln.
Pilot Mountain, NC 27041

NCUSFW SCHOLARSHIP REFERENCE FORM

(Give a copy of this form to each of your references)

_____ has applied for a scholarship and you have been given as a reference. The committee requests that you respond to the following questions:

(1) How long have you known the applicant? _____

(2) What is your relationship to the applicant? _____

(3) What are the strengths and weaknesses of this individual? _____

(4) How does this person's life give evidence of Christian faith and commitment? _____

(5) Any comments you wish to make concerning this applicant _____

Date _____

Signed _____

Address _____

Thank you for your assistance. Please return this questionnaire **by March 15** to the following:

Bennie Burton
155 Toms Creek Bluff Ln.
Pilot Mountain, NC 27041