

# Jeffrey Austin Fisher Memorial Scholarship Application

## Scholarships

Scholarships will be offered on a yearly basis and MUST be applied for each year. The scholarship will not be awarded to the same individual consecutively.

## Application Period

The application period opens on Jan. 1 and the deadline to turn in an application and all required documentation is April 30.

## Eligibility

- **Applicants must volunteer at our foundation for a minimum of 60 hours in the last 36 months prior to the application date. (If you are currently undergoing treatment for a life altering illness, the required hours will be adjusted so please submit your application and the adjusted requirement will be determined by the board.)**
- **If you are a senior and you have recently relocated to the area (50 mile radius) you are required to complete 30 volunteer hours with our foundation to be eligible and proof of relocation will be required.**

**And**

- **Be a graduating senior or adult, from the state of North Carolina, who will enroll full-time at a community college, four-year college, or university. Upon approval of a scholarship proof of enrollment will be required before funds are released.**

**Please note that hours performed to complete community service will not be counted toward volunteer hour requirements.**

## Criteria

**The following factors will be considered when evaluating applicants:**

- Volunteer Hours Completed
- Financial Need
- Academic Achievement (Grade Point Average 2.5 or higher and Class Rank)
- Other Considerations (Extracurricular activities, unusual circumstances, goals and aspirations, civil mindedness, and travel abroad studies)

If you have questions concerning scholarship criteria or eligibility please contact The Fishstrong Foundation at (910) 326-4071.

## Applicant Selection

Scholarship recipients will be selected by The Fishstrong Foundation board based on information provided in this application and the enclosed "Letter of Reference" forms.

## Application Instructions

When completed, return the application along with the **THREE** enclosed "Letters of Reference" to 3100 Freedom Way, Hubert, NC 28539 or fax it to (910) 326-1178

**Confidentiality**

All information in this application is confidential and will be disclosed only to members of The Fishstrong Foundation for the exclusive purpose of selecting scholarship recipients

Please note: This scholarship is intended to help reduce out-of-pocket college expenses such as tuition and books. If you receive a full scholarship (or combination of scholarships and grants that equal a full ride) to any community college, university, four year college, or military academy, you are ineligible for this scholarship.

**Selection of Recipients**

The Fishstrong Foundation has sole responsibility for selecting recipients based on information provided in this application.

I \_\_\_\_\_ have reviewed the requirements of applying for the Jeffrey Austin Memorial Scholarship. I acknowledge decisions of The Fishstrong Foundation as final. I certify that I meet basic eligibility criteria and the information provided is complete and accurate to the best of my knowledge. I further certify that I have not received a full scholarship. Falsification of information may result in termination of this scholarship. I also agree that should I receive a full scholarship (or combination of scholarships that equal a full scholarship not counting this scholarship) to any community college, university, four year college, or military academy, I will be ineligible for this scholarship. Should I be approved as a recipient of the Jeffrey Austin Memorial Scholarship, I agree that upon my decision to not move forward with enrollment, if I drop out, or should I not provide all requested documentation, that my scholarship may be rescinded.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature if applicant is under 18

\_\_\_\_\_  
Date









## Parent/Guardian Financial Information

Information in this section is necessary to determine financial needs of the applicant and should be **completed by the applicants parent(s)/guardian**. Only the parent(s)/guardian's financial information should be included. **DO NOT INCLUDE FINANCIAL INFORMATION OF THE APPLICANT.** Please use your most recently completed income tax return to complete the income items and indicate tax year: \_\_\_\_\_

**Important Note:** Because financial need is an important part of recipient selection, income reported on the application will be verified by The Fishstrong Foundation's Treasurer. If your application is selected as a finalist, a copy of the tax return used to complete the application must be submitted directly to The Fishstrong Foundations Treasurer. This information will be viewed in strict confidence by the treasurer – **the tax returns will not be available to any other person and will be shredded after verification is complete.**

Adjusted Gross Income  
(From Parent's Federal  
Income Tax Return): \$ \_\_\_\_\_

Total Number of family members  
living in the household and primarily  
supported by listed income: \_\_\_\_\_

Total U.S. Federal Income Tax  
(From Parent's Federal Income  
Tax Return): \$ \_\_\_\_\_

Marital Status of parent or guardian  
*Married Divorced Separated*  
*Widowed Single*

Total Income of Father  
(From W-2): \$ \_\_\_\_\_

Total number of family members  
(including applicant) attending  
college at least half-time during  
the next school year: \_\_\_\_\_

Total Income of Mother  
(From W-2): \$ \_\_\_\_\_

Yearly Untaxed Income and  
Benefits (such as Social Security,  
Child Support, Alimony, and VA  
Benefits): \$ \_\_\_\_\_

## Transcript Information

An official transcript of grades must accompany this application. Online transcripts and grade reports are not acceptable. **This section should be completed by the appropriate school official.**

**Please enclose this completed document in an envelope and sign or stamp the seal.**

Name of Applicant: \_\_\_\_\_

Applicant Ranks \_\_\_\_\_ in a class of \_\_\_\_\_

Grade Point Average (Weighted) \_\_\_\_\_

Officials Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



**Applicant Letter of Reference (Required)**

(To be completed by a **high school counselor or advisor**)

**You have been asked to provide information in support of The Fishstrong Foundation Scholarship application. When complete, Please enclose this completed document in an envelope and sign or stamp the seal.**

**Applicant's Name:** \_\_\_\_\_

*(Circle most appropriate response)*

The applicant's choice of a post-secondary education program is:	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Inappropriate
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The applicant's achievements reflect his/her ability:	Extremely Well	Very Well	Moderately Well	Not Well
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The applicant's ability to set realistic and attainable goals is:	Excellent	Good	Fair	Poor
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The quality of the applicant's commitment to school and community is:	Excellent	Good	Fair	Poor
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The applicant is able to seek, find and use learning resources:	Extremely Well	Very Well	Moderately Well	Not Well
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The applicant demonstrates curiosity An initiative:	Extremely Well	Very Well	Moderately Well	Not Well
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The applicant demonstrates good problem-solving skills, follows through, and completes tasks:	Extremely Well	Very Well	Moderately Well	Not Well
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The applicant's respect for self and others is:	Excellent	Good	Fair	Poor
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**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Organization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Applicant Letter of Reference (Required)**

(To be completed by a **high school teacher**)

**You have been asked to provide information in support of The Fishstrong Foundation Scholarship application. When complete, Please enclose this completed document in an envelope and sign or stamp the seal.**

**Applicant's Name:** \_\_\_\_\_

*(Circle most appropriate response)*

The applicant's choice of a post-secondary education program is:	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Inappropriate
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**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Organization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Applicant Letter of Reference (Required)**

(To be completed by a **community leader such as: coach, pastor or other influential person of the community that you have had dealings with**)

You have been asked to provide information in support of The Fishstrong Foundation Scholarship application. When complete, Please enclose this completed document in an envelope and sign or stamp the seal.

**Applicant's Name:** \_\_\_\_\_

*(Circle most appropriate response)*

The applicant's choice of a post-secondary education program is:	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Inappropriate
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**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Organization:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_