



John E. Willoughby Scholarship APPLICATION



Please check the scholarship type for which you are applying (check one only):

2 Year (Community College) 4 Year (College/ University) 1 Year (Vocational / Technical)

Name of School _____ do not abbreviate

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Home: _____ Mobile: _____

Email Address: _____

Date of Birth: _____ Student PID # _____

Employed: YES NO If yes, list employer _____

Please check the following statements that apply to you:

Applicant is blind / hearing impaired

Mother / Guardian is blind / hearing impaired

Mother / Guardian's Name _____

Father / Guardian is blind / hearing impaired

Father / Guardian's Name _____

Medical Waiver: The Selection Committee is authorized to authenticate the medical prerequisite of the individual listed above solely for the purpose of establishing proof criteria of the scholarship have been fulfilled.

YES NO

If YES, list the name of your primary health care physician: _____ Phone Number: _____

Educational Information

High School: _____

Graduation Date: _____

Guidance Counselor's Name: _____

Telephone Number: _____

School Activities: _____

(Attach additional sheets / documentation if needed)

School Honors: _____

(Attach additional sheets / documentation if needed)

Other College Attended (if any): _____

College or Technical School where accepted: _____

Planned Major: _____

Community Service

(Attach additional sheets / documentation if needed)

Please summarize your career goals and other information relevant to this application.

(Attach one additional page if needed)

Signature: _____

Date: _____

RETURN APPLICATION AND REQUIRED MATERIAL ON OR BEFORE MARCH 30th.

**John E. Willoughby Scholarship
Community Foundation of Gaston County, Inc.
P.O. Box 123
Gastonia, North Carolina 28053-0123**

**GASTONIA EVENING LIONS CLUB FOUNDATION FUND
JOHN E. WILLOUGHBY SCHOLARSHIP ELIGIBILITY CRITERIA**

Criteria as to applicant eligibility, selection and payment of grants shall include the following unless and until amended as provided herein:

A. Applicant must have been a resident of Gaston County, North Carolina for at least one year at the time of the deadline date for applications, which shall be March 30th of each year.

B. Grants will be made only for students to attend an accredited North Carolina college or University.

C. The applicant must be blind or have significant hearing impairment, or be a child or spouse of an individual who is blind or has significant hearing impairment. The selection committee shall have the sole authority to evaluate and decide eligibility based on professional documentation provided by the applicant.

D. Other criteria used by the Selection committee shall include academic achievement, character and financial need.

E. Along with a timely completed application and documentation of Pgh C. above, applicants must furnish at least financial need documentation and two letters of recommendation from non-relatives who can attest to the criteria listed in Pgh D.

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