**2024 Nancy Duffy Russell Education Scholarship Application**

Name of Student: Date of Birth:

Address: City: State: Zip Code:

 Telephone #:

Email Address:

College(s) to which you have applied:

 College to which you have been accepted and will attend:

**The Nancy Duffy Russell Scholarship is for a student residing in Carteret County, North Carolina who is seeking a degree in Education. The scholarship will be awarded up to $16,000.00 in four (4) equal payments as long as the student maintains a 3.0 average as required per year.**

**Do not send personal photographs.** The application process is conducted without regard to race, religion, or gender, but with regard to academic strength and financial need.

 1. Scholarship Application (page 1)

 2. Financial Need Form (page 2)

 3. Applicant must prepare a statement of 1,000 words or less setting forth his/her career objectives, goals and reasons for these choices.

 4. Transcript of high school grades including class rank/class size and test scores

 5. List of extra-curricular activities, honors received, scholastic achievements and other significant accomplishments.

 6. Dated, signed letters of recommendation from two (2) persons in authority from the high school the applicant is attending who is familiar with his/her work.

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 Mail or email to: Marie Hurst, Chairman, Nancy Duffy Russell Education Scholarship Committee 130 N Lisk Drive Swansboro, NC 28584 **or** to mmhurst130@gmail.com

 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***DUE DATE: MAY 1, 2024**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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 **Nancy Duffy Russell Scholarship Financial Need Form**

|  |  |
| --- | --- |
| **Name:**  | **Name:** |
| **Address:** | **Address:** |
|  |  |
| **Employer:** | **Employer:** |
|  |  |
| **Position:** | **Position:** |
|  |  |
| **Annual Income: $** | **Annual Income: $** |

**Father/Guardian Mother**

* Other sources of income or financial aid:
* Ages of dependent children (note those who may be attending college at the same time as the applicant):

The parent/guardian shall prepare a statement summarizing the family’s obligations and resources. The statement needs to illustrate the applicant’s need for financial assistance. Statement may follow here or a one sheet explanation may be attached:

 I attest that all information in this application and all attachments are a true and accurate record:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature of Father/Guardian** **Signature of Mother** **Signature of Applicant**

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