

COMMUNITY COLLEGE SCHOLARSHIP APPLICATION

The Carteret-Craven Electric Foundation Community College Scholarship is available for students who live on the Carteret-Craven Electric Cooperative's lines and are attending or planning to attend Carteret Community College or Craven Community College.

OVERVIEW

- Four (4) scholarships will be awarded two at each college at \$250 per student each semester. The scholarships are renewable for three additional semesters (excluding summer sessions), for a total of \$1,000 per student for two years of school.
- To renew, the student must maintain a 2.5 grade-point average (GPA). If your GPA falls below 2.5, you have two semesters to bring it back up. Your scholarship will be suspended until your GPA is 2.5 or better.
- The scholarship expires after five semesters from award date.
- Scholarships will be awarded based on need (75 percent) and a letter explaining educational goals and career plans (25 percent).

ELIGIBILITY

- To be eligible, the applicant must live at a residence that is served by Carteret-Craven Electric Cooperative.
- The applicant cannot be a close relative of a Carteret-Craven Electric Cooperative employee or director close relative being a spouse, child, grandchild, great-grand child, brother, sister, aunt, uncle, niece or nephew, by blood, by adoption, or in-law of the employee or director.

JUDGING

Carteret-Craven Electric Cooperative will rule on eligibility of each applicant. All eligible applications will then be given to judges. Judges will be selected by Carteret-Craven Electric Cooperative.

Judges will grade each application separately based on a total of 100 points. The applicant may earn up to **75 points for need** and **25 points for seriousness of purpose** in achieving educational goals (as described in your letter).



APPLICATION PACKAGE CHECKLIST

- □ Completed application form. (*All areas must* be filled in)
- □ Current or most recent federal tax return or FAFSA form (you may mark through Social Security numbers and banking information).
- □ A typed letter explaining your educational goals and plans for the future, as well as your financial need, including any special needs or circumstances.

SUBMISSION REQUIREMENTS

Fill out the application as completely as possible. The completed packet must be received by CCEC no later than **5 p.m. on April 29, 2022.**

Applications should be mailed to:

COMMUNITY COLLEGE SCHOLARSHIP Carteret-Craven Electric Cooperative PO Box 1490 Newport, NC 28570

Applications may be delivered to one of Carteret-Craven Electric Cooperative offices at 1300 Highway 24, west of Morehead City or 450 McCotter Boulevard in Havelock.

If you have any questions, please call Melissa Glenn at Carteret-Craven Electric Cooperative at 252-727-2221 or 1-800-682-2217 or send an e-mail to: <u>melissag@ccemc.com</u>.

CONFIDENTIALITY

All information in the application is confidential and will be disclosed only to the Carteret-Craven Electric Cooperative Community College Scholarship Committee for the sole purpose of determining eligibility and selecting recipients. Carteret-Craven Electric Cooperative will rule on eligibility of each applicant.

All applicants will be considered on the stated criteria, regardless of race, age, color, religion, sex, handicap or national origin.





COMMUNITY COLLEGE SCHOLARSHIP APPLICATION

Applicant Name:	Date of Birth:	
Address:		
Email address:		Cell:
Co-op Account Number at Your Home	(can be found on electric bil):
Name on Account	Relationship to Applicant	
SCHOOL INFORMATION College you are attending:	Course o	f studv [.]
		- Study
 How are you paying for college? Self* Parents* Spouse* Grants Scholarships Student Loans * We will need financial information for 		college education Provide
details if you need to explain further.		
HOUSEHOLD		
Total number of people living in your ho	ome: Number of c	hildren in college:
Number of children in grade school:		
Number of others living in your home (
I, <i>(print name)</i> application and financial information su and complete, to the best of my knowle		
Signature:	Date:	
Mail this form , a copy of your most red to:	cent federal tax return(s) o	r FAFSA form and your letter,

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