



North Carolina Mothers of Multiples Scholarship

Dear Applicant,

We are pleased to extend this special invitation to apply for the North Carolina Mothers of Multiples (NCMOM) annually awarded scholarship. This fund was created to serve the educational advancement needs of NCMOM's and their families. All funds must be used for education past the high school level.

Please complete the package in its entirety so that we may fully process your application. There are some pages of the application that require several copies. Please feel free to copy them after you have completed the data on the first copy. By completing the application packet and returning it on time you will secure your place to be officially considered by the NCMOM scholarship review board. Scholarship funds will only be paid out to a verified learning institution. Any classes or seminars will be considered based on their ability to serve and advance the educational needs of the applicant. Please enclose any information about the institution or class that you feel will assist reviewers in making their recommendations.

If you have any questions please feel free to contact me.

Thank you and good luck!

Robin Rasnake
PO Box 684
Claremont, NC 28610
828-851-1787
rarasnake@hotmail.com
NCMOM Scholarship Chair

Please mark you calendars with these important dates:

March 15, 2010 Postmark deadline for complete application packet to be received by Robin Rasnake. It is the responsibility of the applicant to confirm arrival of your application packet to her.

April 2010

Scholarship Committee reviews the applications

May 2010

Announcement of our scholarship recipient(s)

November 2010

Official ceremony at NCMOM convention

Below is a detailed check list to help insure you submit a complete application package.

It is important for you to put your name only on page 1.
All other pages will be scored anonymously. Anyone writing a letter of reference/ recommendation should refer to you by pronouns such as: she, her, him, etc. Do not use your name on these recommendations

- ___ Application Identification page 1 with photo attached (only 1 copy)
- ___ Important Information page (1 copy)
- ___ Application History page 2 and 2-B (3 copies)
- ___ Club Reference by an executive/elected officer Page 3 (3 copies)
- ___ Essay "How this scholarship could/would change my life"
100-500 typewritten words (3 copies)
- ___ Letter of Personal Reference (by anyone outside your household)
(3 copies)
- ___ Most recent educational transcripts (3 copies)

It is extremely important for you to complete everything on the checklist and return it by March 15, 2010

Important Information

Dear applicant,

The following information is needed to ensure the scholarship funds are correctly credited to your account. Please complete, verify with your institution and return with your application. It is very important to make sure this information is correct

Applicant information:

Student Name: _____ Student ID#: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell phone: _____ Email: _____

Cost of tuition: _____ Book expenses: _____

College/University/School information: This information needs to be completed by the office receiving your check.

College/University attending: _____

Office accepting check: _____

Office Managers Name: _____ Phone #: _____

Street address for this office: _____

City: _____ State: _____ Zip: _____

Enrollment Certification on school letter head:

Registration with courses:

Include the school name, address and phone number of the correct office to which the money will be sent, whether it is the Admissions office, Registrars office, Financial aid office, Business office or the Cashiers office and the office manager's name (each college appears to handle this differently). This information is very important to ensure the Scholarship funds are credited to the correct account. This cannot be a P.O. Box. We must have a street address in order to mail the check by certified mail.

North Carolina Mothers of Multiples
Scholarship Application Package

Applicant #: _____

_____ do not write above this line _____

Application Identification (page 1)

Name: _____

Last

First

Middle/Maiden

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Birth date: _____ Email: _____

Applicant is a:

___ multiple ___ mother of multiple ___ father of multiple ___ sibling of multiple

Club Affiliation: _____

_____ number of years MOM has been an active member

_____ age of your multiples

List all persons dependent of household income:

(include individuals attending college or school and financial aid received,
if any)

Relationship	Age	School	Financial Aid
--------------	-----	--------	---------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Combined income of your household:

___ less than \$12,000 annual combined income

___ \$13,000--\$20,000 annual combined income

___ \$21,000--\$35,000 annual combined income

___ \$36,000--\$50,000 annual combined income

___ more than \$50,000 annual combined income

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North Carolina Mothers of Multiples
Scholarship Application Package

Applicant #: _____

_____ do not write above this line _____

Application History (page 2)

College or school planning to attend _____

Address: _____ State: _____ Zip: _____

Admissions contact person: _____ Phone: _____

List of schools you have attended: (high school and above)

Name	Location	Year/Degree
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_____	_____	_____
_____	_____	_____
_____	_____	_____

List any civic/community activities: (include club involvement)

Employment History:

Dates Employed	Name of Employer	Type of Work
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you planning to pay any of your tuition yourself?

Will you receive financial aid from any other source?

If so, from whom and how much?

Go to Page 2-B

North Carolina Mothers of Multiples
Scholarship Application Package

Applicant #: _____

_____ do not write above this line _____

Need for Scholarship Page 2-B

Please rate your financial need for this scholarship

Based on a scale of 1-10,

“1” being; I need it but I'm sure someone else could use
it more than myself

“10” being; this would make a huge difference and lift a
tremendous financial burden

Please do not choose “5” 1 thru 10 _____

Are there any special circumstances you would like us to
consider? _____

Do you have any additional comments? _____

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North Carolina Mothers of Multiples
Scholarship Application Package

Applicant #: _____

_____ do not write above this line _____

Club Reference (page 3) This page is to be completed by club President. The purpose of this reference is to provide record of scholarship applicant's/mother's club contributions. Please do not use the applicant's name on this form; refer to them with the use of pronouns (her, she, etc).

Club Affiliation: _____

Your name/position: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Mother of multiples club involvement:

Member How Long? _____ Yr's. /Mo's. Age of multiples _____

Officer's comments: (why you believe applicant should be awarded this Scholarship) _____

Offices and Positions held on the local level (please include dates):

Offices and Positions held on the state level NCMOM (please include dates)

Offices and Positions held on the national level NOMOTC (include dates):

As the president of _____, I do verify that the above information is true and correct to the best of my knowledge. I verify that this applicant or family member is a member in good standing with NCMOM.
(Officer's Signature) _____