



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 members of NCMOM, their spouses, and dependent children are eligible to apply*. All funds must be used for education past the high school level (Higher education or continuing education) and must go towards the cost of either tuition or books.

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!

Melissa Garland
8 Devonna Court
Greensboro, NC 27455
336-545-9334
mybrneyes@triad.rr.com
NCMOM Scholarship Chair

*Scholarships may only be awarded to the same applicant twice.

Below is a detailed checklist to help you submit a complete application package. Please note it is important that you only put your name on page 1 of the application. Anyone writing a letter of reference/recommendation should only refer to the applicant using pronouns such as she, her, he, him etc.

- _____ Important Information page with school information (Incoming Freshman Only - if you cannot complete until a school has been selected please indicate in your package)**
- _____ Page 1 of application – Applicant Identification- (1 copy)**
- _____ Page 2, 3, and 4 of application- Applicant History, Need for Scholarship, Club Reference- (3 copies)**
- _____ Essay – 100 to 500 typewritten – “How this Scholarship could/would change my life” (3 copies)**
- _____ Letter of Personal Reference (must a non-family member and reside outside of your household) (3 copies)**
- _____ Most recent educational transcripts* (3 copies)**
- _____ Recent Photo of Applicant**

***Note, if you are applying for a scholarship to be used for Continuing Education and transcripts are not available, please substitute with a current or recent work reference (In addition to your personal reference).**

It is extremely important for you to complete everything on the checklist and send it by the March 15th deadline. Late or incomplete packages will not be accepted.

Deadlines/Dates to Remember:

March 15 – Postmark deadline for complete application packets to be mailed to the scholarship chair. It is the applicant’s responsibility to confirm the arrival of your packet.

April – Scholarship Committee will review and have applications scored

May- Scholarship Recipient(s) will be selected and announced once Mid-Term is held

November – Official Ceremony will take place at the NCMOM Convention

**Melissa Garland
NCMOM Scholarship Chair
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Important Information

Dear applicant,

The following information is needed to ensure your 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. We must have the correct name of the school, address, and phone number for which the money is to be sent. We must know the name of the receiving office (ex: Registrars Office, Financial Aid Office, Business Office, Cashiers Office etc.) as each school may handle your scholarship differently. We must have a physical address so that we can mail your check via certified mail. We cannot mail a certified letter to a P.O. Box.

Applicant Information:

Student Name: _____ Student ID#: _____

Address: _____ City: _____ State: _____

Phone: _____ Cell Phone: _____ Email: _____

Cost of Tuition (per semester): _____ Book Expenses: _____

College/University attending: _____

Office accepting check: _____

Street Address for this office: _____

City: _____ State: _____

*Manger/Controller: _____ Phone#: _____

*Include the name and phone number of the manager/controller for the correct office to which the check will be sent.

College/University/School Information: This information should be obtained by the office receiving your check to ensure accuracy.

You must also include a copy of your Enrollment Certification on school letterhead and if possible, a copy of registration of courses.

Applicant History

Select Applicant Type: _____ Higher Education _____ Continuing Education

College or School planning to attend*: _____

Address: _____

School Contact Person: _____ Phone: _____

*If you will be an incoming Freshman and have not yet accepted an enrollment, please provide information for all schools to which you have applied below. Please note that information on your selected school must be provided as soon as possible (prior to mid-term meeting).

List of Schools you have attended (High School and above):

Name	Location	Years/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any Civic/Community involvement (if applicant is club member, include club involvement):

Employment History:

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

Are you planning to pay any of your tuition yourself? _____
Will you receive financial assistance from any other source? _____
If Yes, please list each source and how much:

Need for Scholarship

Please rate your financial need for this scholarship based on a scale of 1 to 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

Rating: _____

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

Do you have any additional comments?

Club Reference

This page may be partially completed by the club member but must be fully completed, verified and signed by the Club President. The purpose of this reference is to provide information about the member's club involvement. **Please do not use the applicants name on this form and only refer to the member as her, she, etc.**

Club Affiliation: _____

President Name: _____

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

Phone: _____ Cell/Alt: _____ Email: _____

Member's Club Involvement:

Membership Term: _____ years _____ months Age of Multiples: _____

Attends Club Meetings: _____ Most of the Time _____ Sometimes _____ Never

Attends Club Events: _____ Most of the Time _____ Sometimes _____ Never

Number of State Conventions attended: _____

President's Comments (include club involvement as well as why you believe applicant should be awarded a Scholarship):

Offices and Positions held at local club level (include dates or term if known):

Office/Position	Elected/Appointed	Term/Dates
_____	_____	_____
_____	_____	_____

Offices and Positions held at state level – NCMOM- (include dates or term if known):

Office/Position	Elected/Appointed	Term/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 is a member (or eligible family member) and member is in good standing with NCMOM.

President's Signature: _____