

BILL TAYLOR SCHOLARSHIP ENDOWMENT

GUIDELINES

PURPOSE: To assist students who are pursuing a degree in Business Administration or a business related curriculum.

ELIGIBILITY: Prospective students must be enrolled members of the Eastern Band of Cherokee Indians or their spouses, children or other immediate family members.

FUNDS: When awarded, funds may be used to pay any costs of the college, including room and board. The funds will be paid directly to the college.

APPLICANT RESPONSIBILITIES:

- 1) Applicant must submit a completed application and all supporting documents to the Scholarship Awards Committee by June 1st to be eligible for consideration for the oncoming school year.

Mail application to: Ms. Norma Moss, Scholarship Administrator
PO Box 2103, Cherokee, NC 28179

- 2) A first-time applicant is requested to provide three (3) sealed letters of reference.
- 3) The applicant is also requested to write a personal letter, one page in length, addressing why he/she applied for this scholarship, his/her goals and including an experience that had a significant impact on his/her life.
- 4) Applicants entering college for the first time must submit a high school transcript.
- 5) College students presently enrolled in undergraduate schools must submit a current transcript, including the latest semester attended.
- 6) A student applying for a renewal of this Scholarship in a subsequent year, must submit a current college transcript, including the latest semester attended.
- 7) The student needs to add his/her EBCI enrollment number, or that of the immediate family member to the application, in order to be considered.
- 8) The applicant may be a full time or part time student, maintaining a grade point average of 2.0 on a 4.0 scale.

Revised 01/06

Qualla Boundary Scholarship Application

Please make sure to fill out all areas of the Scholarship Application. You may submit an electronic copy to the Scholarship Committee for EACH Scholarship that you are applying for. If an email address is not provided you may download a PDF version of the Scholarship Application, complete it, and mail it to the addresses provided by the individual Scholarship Committees.

This is NOT the Application for Education and Training for the Eastern Band of Cherokee Indians. Scholarship applications for Qualla Boundary Scholarships will not be accepted by the Education and Training Program. Please refer to the Qualla Boundary Scholarship Information Form for the appropriate party to submit you applications to.

1. Name(Print Last, First, MI) _____

2. Social Security Number _____ *+ Telephone No.*

3. Home Address _____
House # Street Name

City State Zip Code

4. Email Address _____

5. Gender _____ DOB _____ EBCI Enrollment # _____

First Descendent? _____, If so, Parent's Enrollment # _____

6. Marital Status(Circle One) Single Married Divorced Widowed

7. Number of Dependents: _____

8. Community of Residence: _____

9. College/Universities Applied To:

a. _____ accepted? _____

b. _____ accepted? _____

c. _____ accepted? _____

Please attach any Letters of Acceptance already received.

10. Graduate Student Applicants Please Indicate Tests Taken to Date (LSAT, GMAT, GRE, etc..) _____

11. Have you been accepted to an accredited College, University, or Technical School more than 250 miles from the Qualla Boundary? If so, please list address of school.

12. College Status: ___ Freshman ___ Sophomore ___ Junior
 ___ Senior ___ Graduate ___ PhD.

13. Current GPA ___ Cumulative ___ Semester

14. Career Goal _____

Expected Major _____

15. Expected Graduation Date _____

16. If already attending, How many Credit Hours Have you Completed? _____

17. List any Extracurricular Activities, Honors, and Awards(attach additional pages as needed)

Financial Disclosure

Present Income and Source _____

List all Sources of funding that you are receiving (if a current student), or have been notified of being rewarded:

Please list all sources of funding that you have applied for including EBCI Education and Training Funds:

Total Family Income (After Taxes) _____

Mortgages and Other loans _____

College Expenses of Other Children _____

Expenses for Elder Care/or Disabled _____

Other major financial responsibilities _____

Expense Statement (please estimate your cost of living for the next upcoming academic year)

Tuition _____ Books _____ Educational Supplies _____

Room&Board _____ Misc. Expenses _____

Total Semester Expense (Approximate) _____

Total Annual Expense (Approximate) _____

Resources Available

Savings _____ Summer Earnings _____

Student Earnings _____

Parental/Spouse Contribution _____

Soc. Security Benefits _____ Veteran's Benefits _____

Scholarships/Grants Total Amount _____

Total Semester Resources _____

Total Annual Resources _____

Please list any special financial needs or situations:

Provide Any Additional Information you feel will assist the Committee when reviewing your scholarship needs:

AUTHORIZATION TO RELEASE INFORMATION

I declare that the information reported is true, correct and complete. I understand that this information is subject to verification by the scholarship committee. I hereby authorize, request and direct educational institutions, my references, my employer (present), any other person, institution, or organization, and all governmental agencies and instrumentalities (local, state, or federal), wherever such individuals or organizations are situated, to release any document, information record, or file that the scholarship committee deems necessary to process my application for scholarship.

Further I release all of said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information records to the Scholarship Committee or their Representative and this serves as a waiver of any contract that I have with any of the said organizations or individuals and serves as a waiver of any and all illegal communication privileges that I could claim.

Further, I appoint the scholarship committee or their representative as my agent and attorney in fact for the sole purpose of collecting information for processing my application and direct that he Be permitted to inspect all of said files and information and be permitted to make copies thereof at his discretion. This request can be treated as if I was making it in person.

Further, I certify that I understand that the award of any scholarship is contingent upon my complying with the rules and guidelines of the scholarship that I am applying for. I also understand that I may be suspended from any scholarship for not abiding by the rules and regulations of the scholarship that I am applying for, or for supplying false information.

Signature	Date
Printed Name	
Witness	Date