

# THE COMMUNITY FOUNDATION OF BURKE COUNTY

## ROBERT A. “BOB” SHOOK MEMORIAL SCHOLARSHIP

### DESCRIPTION

The Robert A. “Bob” Shook Memorial Scholarship was established by the Rutherford College Lions Club in 2015 to honor the life of “Bob” who was an educator, coach and member of the Rutherford College Lions Club for over 30 years. The primary purpose of the fund is to provide financial resources for the higher education of a young person in eastern Burke County.

### ELIGIBILITY

One scholarship will be offered to an East Burke High School student or a Jimmy C. Drauhgn High School student. The scholarship will be awarded without regard to race, creed, sex, ethnic background or handicap. The scholarship is available to a student who is planning to attend a two or four year college or university.

### CRITERIA (IN ORDER OF PRIORITY)

- 1<sup>st</sup> Commitment to a two or four year college or university
- 2<sup>nd</sup> Preference given to student pursuing a degree in education
- 3<sup>rd</sup> GPA – 3.0
- 4<sup>th</sup> Demonstrates scholastic achievement and academic ability
- 5<sup>th</sup> Demonstrates community involvement, volunteer work and extracurricular activities
- 6<sup>th</sup> Demonstrates a strong work ethic

### SELECTION PROCESS

The recipient’s application, including all attachments, must be sent to the Rutherford College Lion’s Club by March 30, 2017. The Rutherford College Lion’s Club Scholarship Committee will submit all recommendations to the Community Foundation Scholarship Committee who will review all nominees and make its recommendation to the Board of Directors. The Board of Directors of the Community Foundation of Burke County shall give final approval to the nominee who is awarded the scholarship.

**If you are a graduating senior, please submit a completed application by March 31<sup>st</sup> to:  
Rutherford College Lion’s Club  
2035 Lake Acres Drive  
Hickory, NC 28601-7231**

# THE COMMUNITY FOUNDATION OF BURKE COUNTY

## **PAYMENT OF AWARDS**

Payment of scholarship awards will be made directly to the college or university, in accordance with financial policies established by the Board of Directors of the Community Foundation of Burke County.

The scholarship recipient must provide the Community Foundation of Burke County with an official transcript from the college or university he/she attended at the end of each academic year for which a scholarship is received.

**If you are a graduating senior, please submit a completed application by March 31<sup>st</sup> to:  
Rutherford College Lion's Club  
2035 Lake Acres Drive  
Hickory, NC 28601-7231**

THE COMMUNITY FOUNDATION OF BURKE COUNTY  
ROBERT A. "BOB" SHOOK MEMORIAL APPLICATION

*Please read each entire section before completing the application.*

APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last First Middle "Goes By"

Permanent Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City/State or Country): \_\_\_\_\_

High School: \_\_\_\_\_  
School Name School Phone Number

***Please include a transcript with your application.***

FAMILY INFORMATION

(List first, the parent/guardian you live with most, if you are still living with your parents or a guardian)

Parent/Guardian 1: \_\_\_\_\_  
First Name Last Name Work Phone #

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_  
First Name Last Name Work Phone #

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Household: (check one) Single Parent: \_\_\_\_\_ Two Parent: \_\_\_\_\_ Living Independently: \_\_\_\_\_

Number of People Living In Household: \_\_\_\_\_

Check if Applicable: ( ) Father Deceased ( ) Mother Deceased ( ) Parents Separated ( ) Parents Divorced

***Please include a completed copy of FAFSA or W-2 for previous year with your application.***

Parent Education Levels:

- Mother a) High School Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_ b) Four-year College Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_
- Father a) High School Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_ b) Four-year College Graduate: Yes \_\_\_\_\_ No \_\_\_\_\_

List names and ages of brothers & sisters living at home or in college who are dependents of parent (s) or guardian (s):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ College: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ College: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ College: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ College: \_\_\_\_\_

NAME \_\_\_\_\_

**SCHOOL ACTIVITIES**

In the space provided below or on a separate page, please list extracurricular activities in which you have participated during the past four years of high school. Include clubs, sports, student government, fine arts, etc.

ACTIVITY	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	APPROX. TIME		LEADERSHIP POSITIONS, LETTERS EARNED, AWARDS, RECOGNITION, ETC.
					OUTSIDE CLASS HRS/WK	WKS/YR	

**COMMUNITY & PERSONAL ACTIVITIES**

In the space provided below or on a separate page, list community, church/synagogue and personal activities in which you have participated during the past four years of high school. Include volunteer work, youth programs, athletic programs, music, dance, scouting, 4-H, or hobbies to which you have devoted time.

ACTIVITY	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	APPROX. TIME		LEADERSHIP POSITIONS, LETTERS EARNED, AWARDS, RECOGNITION, ETC.
					OUTSIDE CLASS HRS/WK	WKS/YR	

**WORK EXPERIENCE**

In the space provided below or on a separate page, please list any work experience (including self-employment) you have had during the past four years. Include summer jobs as well as employment during the school year. Complete this information beginning with your most recent work experience.

EMPLOYER – Contact Person & Phone	Position	Dates Employed	Hours/Week

NAME \_\_\_\_\_

**COLLEGE/UNIVERSITY INFORMATION (FOR THOSE PLANNING TO ATTEND COLLEGE FOR THE FIRST TIME)**

What major(s) would you like to pursue? \_\_\_\_\_

Please complete the following information for your top three college choices.

1. School/City/State: \_\_\_\_\_

Admission status: \_\_\_\_\_ Application Pending      \_\_\_\_\_ Enrollment Offered      \_\_\_\_\_ Enrollment Offer Accepted

2. School/City/State: \_\_\_\_\_

Admission status: \_\_\_\_\_ Application Pending      \_\_\_\_\_ Enrollment Offered      \_\_\_\_\_ Enrollment Offer Accepted

3. School/City/State: \_\_\_\_\_

Admission status: \_\_\_\_\_ Application Pending      \_\_\_\_\_ Enrollment Offered      \_\_\_\_\_ Enrollment Offer Accepted

**COLLEGE STATEMENT: Attach a brief statement telling us why these institutions are most appealing to you.**

**RECOMMENDATIONS**

Please make copies of the attached form and submit no more than three (3) recommendations from a teacher or school official, a club or community sponsor/advisor or any non-family member. All recommendations should be on the attached form and returned to the scholarship committee in a sealed envelope with signature across the seal.

**OTHER AWARDS**

Please list below or on a separate page the name, amount and status of any grants or scholarships for which you have applied for the coming school year.

NAME OF AWARD	AMOUNT	GRANTED	PENDING

Please notify the Community Foundation of Burke County office of any grants or scholarships you receive after you submit this application.

**CERTIFICATION**

In voluntarily submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. I give my permission to this Scholarship Selection Committee, the Community Foundation of Burke County Scholarship Committee, the Directors of the Community Foundation of Burke County and the Community Foundation of Burke County staff to release information contained in this application for the purposes of determining and publicizing scholarship awards.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

- **Before submitting this application, please make a copy for your records.**
- **Insert all attachments inside the application and clearly indicate your name on the top right corner of all attachments.**
- **Do not use staples, since applications must be copied.**

**Please mail a completed application to the Robert A. "Bob" Shook Scholarship Committee by Friday, March 31, 2017 at the following address:**  
**Rutherford College Lions Club**  
**2035 Lake Acres Drive**  
**Hickory, NC 28601-7231**

For more information, contact:

The Community Foundation of Burke County ~ Telephone: (828) 437-7105 ~ E-mail: [nwt@cfburkecounty.org](mailto:nwt@cfburkecounty.org)

# Robert A. “Bob” Shook Memorial Scholarship Recommendation Form

Student’s Name: \_\_\_\_\_

*Please note that family members may not be used as references.*

1. How long have you known the applicant and in what capacity?
  
  
  
  
  
  
  
  
  
  
2. In your opinion, will receiving this scholarship make the difference in allowing this student to attend college?
  
  
  
  
  
  
  
  
  
  
3. Comment on this student’s character, academic ability and potential.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print or type name

\_\_\_\_\_

Relationship