

Counselor, Advocate and Support Staff Scholarship Program Renewal Application

READ INSTRUCTIONS ON NEXT PAGE BEFORE BEGINNING

This renewal is for (check one): Winter Spring Summer Fall Other: _____

Name: _____ Home Phone _(_____)_____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Email: _____ Employer: _____ Work Phone: _(_____)_____

Name of school attending: _____ Educational Goal (i.e., BSW; etc.) _____

Month/Year of completion of program: ____/____ Cumulative GPA: _____ This/last term GPA: _____

Current Term transcript not yet available; I have requested it be sent as soon as grades posted ____ Yes ____ No

If the GPA is not 3.0, fully explain (continue on separate page): _____

The maximum award available per academic year is \$3,000. All awards are paid by school term.

What is your request for the next semester/term? \$ _____

What classes are you intending to take in the upcoming term/quarter/semester?

Class Name	No. Credits	Start Date	End Date

Re-read your contract. If you have not done what you agreed to, please explain fully, and why the Foundation should still consider you for a scholarship renewal. Use a separate sheet.

Narrative: Please attach additional pages with your answers:

- How has your life changed during the last school term/semester?
- What have been your biggest surprises? Disappointments? Satisfactions?
- Who/what has been the greatest help to you? Who/what has been the greatest discouragement?
- Are you pleased with the educational/career plan you have committed to or are there any changes you would like to make? Please explain.
- Is there any other information you believe is important to the committee's understanding of why you should be considered as a scholarship recipient? Please explain.

➤ Applicant: Signature: _____ Date: _____

➤ Applicant Name (Please Print) _____

Employer Section

I/We continue to recommend the above-named scholarship candidate. This candidate is still employed and performance is still satisfactory.

➤ Employer Signature: _____ Date: _____ Phone: _____

➤ Employer Name (Please Print): _____ Agency Name: _____

Counselor, Advocate and Support Staff Scholarship Program Renewal Application

- **You must provide a copy of your current GPA before this application can be approved.**
- **You must provide a copy of your most recent invoice or billing statement and financial aid statement from your school, showing all fees, payments and charges for the upcoming semester/term.**
- **Before each Fall term, please provide a copy of the first page of your previous year Federal Income Tax return.**
- **The maximum award available per academic year is \$3,000. All awards are paid by school term.**

Instructions

1. Read the whole form before beginning.
2. Be sure to complete all spaces! **Leave no blanks!**
3. You must attach the following:
 - Invoice from school showing charges for the term for which you are applying.
 - Financial Aid report showing aid for the term for which you are applying.
 - Your narrative – see questions on page 1. Please answer all questions.
 - First page of your previous year Federal Income Tax return (Fall Semester only).
 - Copy of your current term transcript. If you are submitting this Renewal Application prior to your current term grades being made available, you should have your transcript sent to the Foundation as soon as it is available and so indicate on this form.
 - Your employer must sign this form, indicating their continued support.
4. If you have not met the terms of your contract, attach a page explaining, and indicating why you should still be considered for the *Counselor, Advocate and Support Staff Scholarship Program*.
5. **Submit your Renewal Application by the deadline.** This is a competitive scholarship with a limited number of awards each term. Applications are reviewed in order of receipt. Applications received after the deadline are unlikely to receive funding.

Application Deadlines

<i>Fall Quarter/Semester</i>	<i>August 1st</i>
<i>Winter Quarter/Spring Semester</i>	<i>December 1st</i>
<i>Spring Quarter</i>	<i>March 1st</i>
<i>Summer Quarter/Semester</i>	<i>May 1st</i>

Use this Checklist to be sure your CASS Renewal Application is complete.

Checklist:

- Renewal Form
- Official GPA/Transcript
- Invoice/Billing Statement/Financial Aid Statement from school
- Narrative
- Income Tax return (Fall Semester only)

Mail to:

CASS Renewals
The Sunshine Lady Foundation
4900 Randall Parkway, Suite H
Wilmington, NC 28403
or Fax to: 910-397-0023

Questions? Call Nancy at 910-397-7742 e-mail: nancy@wispinc.org