

Counselor, Advocate and Support Staff *Scholarship Program*

RENEWAL APPLICATION

INSTRUCTIONS

1. Read the whole form before beginning.
2. Be sure to complete all spaces! **Leave no blanks!**
3. Awards will not exceed \$3,000 per academic year per student. All awards are paid by school term.
4. 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 2. 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 WISP, Inc. as soon as it is available and so indicate on this form.
 - Your employer must sign this form, indicating their continued support.
5. 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.
6. **Print, sign and submit your Renewal Application postmarked 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
- Current term GPA/Transcript
- Invoice/Billing Statement
- Financial Aid Statement
- Narrative
- Income Tax return (Fall Semester only)

Print, sign and submit with supporting documents to:

CASS Renewals
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

Counselor, Advocate and Support Staff Scholarship Program
Renewal Application

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

Name: _____ E-Mail: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____ Home Phone: _____

Employer: _____ Work Phone: _____ Ext: _____ Hrs/Wk: _____

Name of school attending: _____ Degree Pursuing (i.e., BSW; etc.): _____

Expected graduation month/year: ____ / ____

I have included a copy of my current transcript

I have requested my transcript to be sent as soon as it is available

If the GPA is not 3.0, fully explain: _____

Awards will not exceed \$3,000 per academic year per student. All awards are paid by school term.

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

List the courses you have registered to take in the upcoming semester/term:

Class Name	No. Credits	Start Date	End Date

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 education/career plan you have committed to or are there any changes you would like to make?
- 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 (Print): _____ Title: _____
- Agency Name: _____