



LINCOLN COUNTY EXTENSION & COMMUNITY ASSOCIATION (ECA) \$1,000 SCHOLARSHIP APPLICATION*

Must currently be a Lincoln County Public High School Senior

Instructions: Please read and answer all questions with complete and accurate information. Applications should be submitted along with reference letters and academic transcripts. Incomplete applications will not be considered, put "unknown" or "n/a" where appropriate.
Applications are due April 24, 2026

APPLICANT PERSONAL INFORMATION

Name: _____
First Middle Last

Address: _____
Street

City State Zip Code

Phone Number: _____ Email Address: _____

Date of Birth: _____

Please list the college or university that you are applying to attend in the Fall:

Institution Name: _____

City, State: _____

Have you been accepted by this institution at this time? YES or NO

Major of Study _____

Career Objective _____

Please explain why you are choosing to attend this college/university? _____

List all high schools and any post secondary schools (i.e., Gaston College) that you have attended as follows:

<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended</i>
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PARENT/GUARDIAN INFORMATION

Parent/Legal Guardian Name: _____		
Address: _____		
	<i>Street</i>	
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>
Occupation: _____		

Parent/Legal Guardian Name: _____		
Address: _____		
	<i>Street</i>	
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>
Occupation: _____		

Do you have brothers and/or sisters? YES or NO

If yes, how many are living at home? _____ How many currently in college? _____

Where are they attending college? _____
Name of Institution

FAMILY/GUARDIAN FINANCIAL INFORMATION

Do your parents own property? YES or NO

If yes, please list the approximate value of property:

Personal property value: _____ Business property value: _____

Approximate family income per year (Check one):

- | | | |
|--|---|---|
| <input type="checkbox"/> Below \$25,000 | <input type="checkbox"/> \$ 40,000 - \$60,000 | <input type="checkbox"/> \$80,000 - \$100,000 |
| <input type="checkbox"/> \$25,000 - \$40,000 | <input type="checkbox"/> \$60,000 - \$80,000 | <input type="checkbox"/> Above \$100,000 |

APPLICANT’S FINANCIAL INFORMATION

Have you received any scholarships and/or grants to assist with your college expenses?

YES or NO

If yes, please provide the following information:

<i>Name of Scholarship/Grant</i>	<i>Amount Awarded</i>
_____	_____
_____	_____
_____	_____

How do you plan to finance the balance of your college expenses? (Check all that apply:)

- Educational loans
- Educational grants
- Other: _____
- Other: _____

Please list your estimated expenses for the Fall 2024 – Spring 2025 year:

Tuition: _____

Room/Board: _____

Other: _____

Please provide any additional financial information that will be useful to the scholarship committee in reviewing your application:

EXTRACURRICULAR ACTIVITIES

List all *activities* in the community, church, or school, which have been meaningful to you.

<i>Activity</i>	<i>Description</i>	<i>Dates</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all *honors and special achievements* (community, school, church, etc.) you have received:

<i>Honor/Achievement</i>	<i>Description</i>	<i>Dates</i>

List all *offices or elected/appointed positions* in which you have served (community, church, school, etc.)

<i>Office/Position</i>	<i>Organization</i>	<i>Dates</i>

List all employment present and previous (employer and number hours worked per week)

<i>Employer</i>	<i>Location</i>	<i>Avg. Number Hrs. Worked Weekly</i>

List all hobbies and special interests:

PERSONAL LETTERS OF REFERENCE

Instructions: Please provide names and addresses of three individuals who will be submitting recommendations on your behalf:

1. _____
2. _____
3. _____

Applicants should request that reference letters be returned to them in a sealed envelope. Please ask the individual providing the referral to seal the envelope and place their signature over the seal. All three envelopes are to be submitted with your application packet.

TRANSCRIPTS

Attach all official academic transcripts from high school and post secondary schools attended.

*(Applicants should request that academic transcripts be returned to them in a sealed and signed envelope. Please ask the individual providing the transcript to seal the envelope and place their signature over the seal.)

Do you have an Extension and Community Association (ECA) member in your family?
YES or NO

If yes, give the following information:

Name of ECA Member _____

Name of ECA Club/County _____

Relationship to Applicant _____

I hereby certify that the information provided here is complete and accurate. I understand that falsifying or withholding information in completing this application constitutes grounds for immediate withdrawal of my application from further consideration.

Applicant's Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

*Reminder of items to return as part of application packet:

- Completed scholarship application
- 3 reference letters (in sealed, signed envelopes)
- Official transcripts (in sealed, signed envelopes)

INSTRUCTIONS TO SUBMIT APPLICATION

This application and all required documents must be received or postmarked no later than Friday, April 25, 2025. Applications can be mailed, emailed, or dropped off as follows:

- MAIL: Mail to NC Cooperative Extension, 115 West Main Street, Lincolnton, NC 28092
- EMAIL: Email to Brittany, FCS Agent, Lincoln County at: brittany_spangler@ncsu.edu
- DROP OFF: Drop off at the James Warren Citizens Center located at 115 West Main Street, Lincolnton, between the hours of 8:00am and 5:00pm Monday through Friday. We are located on the first floor, room 103.

CONTACT INFORMATION:

Lincoln County ECA
Lincoln County ECA Liaison: Brittany Spangler
Phone: (704) 736-8461
Email: brittany_spangler@ncsu.edu

*If awarded, funds are guaranteed for one year only.
Can only be applied from Fall through Spring semester of following year.