



# CHSAA, Inc. College Scholarship Program



*“Nothing Succeeds Like Success”*

*Shirley Pitt Freeman, President ~ (919) 796-1977*

*Email us at : [conetoe@conetoe.org](mailto:conetoe@conetoe.org) ~ Visit us at: [www.conetoe.org](http://www.conetoe.org)*

*Russell Harris, Vice President (865) 712-2280*

## CONETOE HIGH SCHOOL ALUMNI ASSOCIATION, INC. (CHSAA)

### SCHOLARSHIP APPLICATION 2023



*“The Mighty Eagle Soaring Spirit”*

#### RECEIPT DEADLINE:

**Postmarked by Midnight APRIL 25<sup>th</sup>  
(Each Year)**

MAIL TO:

#### Scholarship Committee

Chairperson

**Ethel V. Ruffin Collier  
2632 Coakley Road  
Tarboro, NC 27886  
(252)813-4504**

OR

Co-Chairperson

**Ruby Johnson Howell  
4463 North Bowers Road  
Hobgood, NC 27843  
(631)637-0583**

**Email: [conetoe@conetoe.org](mailto:conetoe@conetoe.org)**



**CHSAA, INC. SCHOLARSHIP APPLICATION YEAR 2023**

1. NAME OF SCHOLARSHIP APPLICANT

\_\_\_\_\_ First Name      \_\_\_\_\_ Middle Name      \_\_\_\_\_ Last Name

2. STUDENT ID # \_\_\_\_\_  
(Do Not List Your Social Security Number)

3. Permanent Mailing Address \_\_\_\_\_  
Street Number and Name

\_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip Code

4. Applicant's Date of Birth \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
Month/Date/Year

5. Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

6. Name of Parents (s) or Referral (s) \_\_\_\_\_

Did Parents(s), Guardian or Referral (s) attend or graduate from Conetoe High School or \*Feeder School?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no Parents, Guardian, or Referral attended, do you have any other connections to Conetoe School or Feeder School?  Yes  No

If yes, please give name of relative(s) who attended or graduated from Conetoe or Feeder.

\_\_\_\_\_

\_\_\_\_\_ Year(s) Parent(s) Guardian Referral (s) Relative (s) graduated or attended Conetoe or Feeder \_\_\_\_\_

\_\_\_\_\_

7. High School from which applicant will graduate in May of the application year \_\_\_\_\_

Current G.P.A. \_\_\_\_\_ Class ranking \_\_\_\_\_ Total SAT/ACT Score \_\_\_\_\_

Other Schools Attended \_\_\_\_\_

8. List community, school, and civic activities in which you are currently actively involved.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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9. List the college, university, or institution of higher learning you plan to attend and from which you have received an acceptance letter. (You must also provide a copy of your letter of acceptance to the committee before your application review can be finalized.)

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10. List your academic honors, awards, and membership activities while in high school. (You can also attach your resume if it has this information or write below.)

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11. What are your educational and professional goals and objectives? (You are asked to attach one-page double-spaced personal statement to the Application.)

(See Blank One-Page Sheet for this)



## **DOCUMENTS REQUIRED TO SUBMIT WITH APPLICATION**

### **1. INCLUDE 2 LETTERS OF RECOMMENDATION:**

Only one letter should be from a current teacher, and the other letter from a leader in any other organization in which you are currently actively involved.

2. You will need to include a copy of your **LETTER OF ACCEPTANCE** from your chosen institution of higher learning if available. If not available at the time you submit your application and should you be selected to receive a scholarship, you will be required to present it along with your **ENROLLMENT VERIFICATION LETTER BEFORE** the scholarship money is dispensed.

3. Must include the **REFERRING CHSAA, INC. MEMBERSHIP INFORMATION FORM**. The form is situated in the **GUIDELINES DOCUMENT**.

4. A graduation picture/or any other current picture for publication in our souvenir booklet for the Reunion Banquet and on our webpage to announce the scholarship winners.

## **OPTIONAL DOCUMENTS YOU MAY SUBMIT ALONG WITH THE APPLICATION**

1. Your current resume.

2. A letter or any other personal comments that you want considered in your application review.



**Consent Statement**

**I hereby affirm that all the information provided by me is true and correct to the best of my knowledge. I also give consent that my picture be taken and used only for any purposes deemed necessary and appropriate to promote the Conetoe High School Alumni Association’s annual scholarship program.**

**I hereby understand that if I am chosen as a scholarship recipient, I will be present at Conetoe Alumni annual event or bi-annual Banquet to receive my scholarship certificate.**

**Signature of scholarship applicant \_\_\_\_\_**

**Date \_\_\_\_\_**

