



The Community Foundation  
of Western North Carolina

**RICHARD M. ARNOLD SCHOLARSHIP APPLICATION**

Date of Application \_\_\_\_\_ Student ID # \_\_\_\_\_

Full Name \_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_

Year of high school graduation or G.E.D. attainment \_\_\_\_\_

List other colleges attended and degrees attained, if any:

College Name and Address	Dates Attended	Degree/Certificate
_____	_____	_____
_____	_____	_____
_____	_____	_____

College of Current Attendance \_\_\_\_\_

*\*If you are a recipient of this award, we will mail your check directly to the above-named institution.*

Field of Study/Specialization \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Total credits required for degree \_\_\_\_\_ Credits earned to date \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Please list all scholarships, fellowships, or other financial aid you will receive for the 2010-2011 academic year:

Source	Amount	School	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**--OVER--**

Have you previously received any scholarships, fellowships, grants or awards for education/training?

Source	Amount	School	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently employed? \_\_\_\_\_ If yes, approx. how many hrs/week? \_\_\_\_\_

List name, address and phone number of employer, and your position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List honors, school activities, community activities, and/or hobbies of special interest to you:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information you wish to have considered as part of your application for this award: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the statements contained in this application are true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Deliver this application, statement of goals, current official school transcript and two letters of recommendation (as described in the Fact Sheet) to the Radiologic Technology Program**

**Chairperson at your school by July 1, 2010, latest.** Recipients will be notified mid-August and payments will be issued to schools later that month. For further information contact:

**The Community Foundation of Western North Carolina**  
Telephone: (828) 254-4960 / E-mail: [juarez@cfwnc.org](mailto:juarez@cfwnc.org)