



The Community Foundation

of Western North Carolina

ASHEVILLE YOUNG WOMAN LEADERSHIP AWARD

A Program for High School Junior Girls

Application Form

Application Deadline: received in our office no later than 5:00 PM on January 4, 2010

SUBMIT COMPLETED APPLICATIONS DIRECTLY TO
THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA
MAILING ADDRESS: P.O. BOX 1888, ASHEVILLE, NC 28802
PHYSICAL ADDRESS: 1 W. PACK SQUARE, SUITE 1600, ASHEVILLE, NC 28801
(BB&T BUILDING, 16th FLOOR)

NAME _____

SCHOOL ACTIVITIES

In the space below, please list the four most significant extracurricular activities in which you have participated during the past three years. These might include clubs, sports, student government, fine arts, etc. **Do not include attachments.**

ACTIVITY	9	10	11	APPROX. TIME OUTSIDE CLASS		LEADERSHIP POSITIONS, LETTERS EARNED, AWARDS, RECOGNITION, ETC.
				HRS/WK	WKS/YR	

COMMUNITY & PERSONAL ACTIVITIES

In the space below, please list the four most significant community, faith-based, and/or personal activities in which you have participated during the past three years. These might include volunteer work, youth programs, athletic programs, music, dance, scouting, 4-H, or hobbies to which you have devoted time. **Do not include attachments.**

ACTIVITY	9	10	11	APPROX. TIME OUTSIDE CLASS		LEADERSHIP POSITIONS, LETTERS EARNED, AWARDS, RECOGNITION, ETC.
				HRS/WK	WKS/YR	

WORK EXPERIENCE

In the space provided below, please list the most significant work experience (including self-employment) you have had during the past three years. This might include paid or unpaid employment. **Do not include attachments.**

EMPLOYER	POSITION	DATES OF EMPLOYMENT	HRS/WK

NAME _____

OTHER AWARDS

Please list below up to four other awards that you may have received. These need not be monetary awards.

NAME OF AWARD	AMOUNT	GRANTED	PENDING

APPLICATION CHECKLIST

Completed applications must be in the Foundation office by the stated deadline. For an application to be considered, the following materials **must be included**:

_____ Completed Application

_____ Transcript *

_____ Two Recommendations (use Applicant Appraisal Form or have appraisers provide letters)

_____ Essay

_____ Your signature and today's date below

Please make a copy of this application for your records.

Additional postage may be required for mailing.

* Your grades will be shared only with selection committee members evaluating your scholarship application.

NOTE: Because the application and attachments must be copied, please do not fold or staple any of the pages. Thank you!

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ **Date** _____

Return completed application to: The Community Foundation of Western North Carolina
Physical Address: 1 W. Pack Sq., BB&T Bldg., Ste. 1600, Asheville, NC 28801
Mailing Address: P. O. Box 1888, Asheville, NC 28802
For further information: Telephone: (828) 254-4960
Email: juarez@cfwnc.org