**North Carolina Legislative Black Caucus**

**Scholarship Policy Package**

* NCLBCF Scholarship Selection Criteria
* Scholarship Application
* Selection Committee Affidavit
* Award Recipient Confirmation Form

**North Carolina Legislative Black Caucus Scholarship**

**Selection Criteria**

* The North Carolina Legislative Black Caucus Foundation has scholarships available for students attending a North Carolina Historically Black Colleges or Universities (HBCUs),
* Students must be a resident of the State of North Carolina.
* The minimum GPA requirement is 2.5 or higher.
* Students must participate in a minimum of 20 community service hours per semester.
* Scholarships will be awarded to sophomores, juniors and seniors enrolled in college or university for the first semester of 2022.
* A one-time award of $ 30,000 per HBCU will be awarded in the Spring of 2023.
* The North Carolina Legislative Black Caucus Foundation Scholarship Application may be obtained from the institution’s Financial Aid Office or by visiting the [nclbcf.org](http://www.nclbcf.org) website.

**The application deadline is March 15, 2023**

**North Carolina Legislative Black Caucus Scholarship**

**Selection Committee**

The financial aid office on each of the HBCU campuses is responsible for selecting students meeting the criteria for the North Carolina Legislative Black Caucus Foundation (NCLBCF) Scholarship.

The financial aid office is responsible for communicating the scholarship criteria, providing the applications, and distributing funds to eligible students.

NCLBCF will distribute funds to the college or university upon receipt of the student confirmation form.

**North Carolina Legislative Black Caucus**

**SCHOLARSHIP APPLICATION**

**STUDENT PROFILE**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity (Optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (Optional): [ ]  Male [ ]  Female

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

 Number Street Apt/Unit #

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

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

**ACADEMIC PROFILE**

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Graduation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classification: Choose an item. GPA: \_\_\_\_\_\_\_\_\_\_\_

List the honors and other distinctions you have earned:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your involvement in community and extracurricular activities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFLICT OF INTEREST DISCLOSURE**

Are you related to a member of the NC General Assembly or the NCLBCF? [ ]  Yes [ ]  No

If “Yes,” who are you to related to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your relationship with this member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ESSAY**

Based on your major, write a two-page typed double-space essay about an idea or interest you have, that would have significant impact on our society and world peace. (Must be included in application).

**PHOTO**

Please submit, along with this application, a high-quality color headshot. Please send photo in .jpeg format.

**CERTIFICATION**

I hereby certify that the information provided in this application is to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that would jeopardize inclusion of this application. I hereby also scholarship the NC Legislative Black Caucus Foundation a perpetual license to use my name, image, likeness, and biographical materials.

Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please submit to your school’s financial aid office by**

**March 15, 2023, for Spring Semester**

**For Internal School Use Only**

Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classification: Choose an item.

Financial Aid Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship Candidate’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Financial Aid Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# **SELECTION COMMITTEE**

**AFFIDAVIT OF COMPLIANCE AND RECOMMENDATION OF SCHOLARSHIPS**

## *Name of Scholarship:* North Carolina Legislative Black Caucus Scholarship

***Name of Sponsoring Gift Fund:*** North Carolina Legislative Black Caucus Foundation, Inc.

By signing below, the chair of the selection committee for the above-referenced scholarship, certifies that, as part of the process of selecting and recommending the scholarship recipient(s) described herein, he or she has reviewed the Foundation’s Procedures for Awarding Scholarships, and that to his or her knowledge, the information provided in this document is accurate and each of the scholarships recommended herein is based on an objective and nondiscriminatory process that complies with those procedures. The selection committee is made up of the following individuals:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relation to Fund Donor** | **Address (City, State, Zip)** | **Phone** | **Special Qualifications** |
| *Example:**John Q. Principal* | *None* |  *99 Alma Mater Way*  *Hometown, NC 28202* | *800.555.1234* | *School Principal* |
| *Chair:*Enter text here. | Enter text here. | Enter Street Address here.Enter Apt/Suite # here.Enter City, State, Zip here. | Enter text here. | Enter text here. |
| Enter text here. | Enter text here. | Enter Street Address here.Enter Apt/Suite # here.Enter City, State, Zip here. | Enter text here. | Enter text here. |
| Enter text here. | Enter text here. | Enter Street Address here.Enter Apt/Suite # here.Enter City, State, Zip here. | Enter text here. | Enter text here. |
| Enter text here. | Enter text here. | Enter Street Address here.Enter Apt/Suite # here.Enter City, State, Zip here. | Enter text here. | Enter text here. |
| Enter text here. | Enter text here. | Enter Street Address here.Enter Apt/Suite # here.Enter City, State, Zip here. | Enter text here. | Enter text here. |
| Enter text here. | Enter text here. | Enter Street Address here.Enter Apt/Suite # here.Enter City, State, Zip here. | Enter text here. | Enter text here. |

*Use additional sheet to list other committee members, if necessary.*

|  |
| --- |
| ***Selection Committee Chair:*** Click to enter text. |
|  Click to enter a date. |  |  |
| Date |  | Signature |

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**North Carolina Legislative Black Caucus**

**SCHOLARSHIP APPLICATION CONFIRMATION**

## *Name of Scholarship:* North Carolina Legislative Black Caucus Foundation Scholarship

***Name of Sponsoring Gift Fund:*** North Carolina Legislative Black Caucus Foundation, Inc.

The members of the selection committee for the above-referenced scholarship, recommend to the Foundation the scholarship(s) listed below (additional copies of this page attached for multiple scholarship recipients). The individuals selected for each such scholarship or award were chosen based on objective and nondiscriminatory criteria described in the sponsoring Fund Agreement and in the supporting documentation attached hereto.

|  |  |
| --- | --- |
|  **Recipient Name:** |  Click to enter text. |
| **Home Address:** |  Click to enter full mailing address. |
| **Telephone:** |  Click to enter text. |
| **E-Mail:** | Click to enter text. |
| **Type of Scholarship:**  |  *(e.g., Scholarship, Achievement or Fellowship)* Click to enter text. |
| **Scholarship Amount:** | Click to enter text. |
| **Time Period Covered:** | Click to enter a date.to Click to enter a date. |
| **Renewable Scholarship:** | [ ]  YES [ ]  NO |
| **Educational Institution:** | Click to enter text. |
| **Program of Study:** | Click to enter text. |
| **Graduation (Est):** | Click to enter text. |
| **Ethnicity:** | Click to choose one.Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other Important Information:** | Click to enter text.  |

Scholarship Confirmation form to be completed and returned by mail to the sponsoring Foundation

**by March 30, 2023**

North Carolina Legislative Black Caucus Foundation, Inc.

P.O. Box 27862 | Raleigh, NC 27611-7862

www.NCLBCF.org

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