

2022 Inez McRae Memorial Scholarship Application

Mitchell County Historical Society, Inc.

Name

First

Middle

Last

Address

City/State/Zip

County

Phone

Email

FATHER'S INFORMATION:

Father's Name

Employer

Occupation

Address

MOTHER'S INFORMATION:

Mother's Name

Employer

Occupation

Address

FAMILY INFORMATION:

List the family members living in your primary residence (ex., father, mother, brother, sister, grandparent, etc.)

Number of siblings already in college

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ACADEMIC INFORMATION:

What is your Class Rank? _____ out of _____

What is your weighted GPA? _____

What is your SAT highest score? _____

Composite _____

Reading/Writing _____

Math _____

What is your highest ACT score? _____ out of 36

Composite _____

Math _____

Science _____

STEM _____

English _____

Reading _____

Writing _____

ELA _____

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COURSES AND GRADES List your courses by semester and the grade you earned. Please include any online or college courses you have taken.

SEMESTER 1 (FALL)

SEMESTER 2 (SPRING)

	SEMESTER 1 (FALL)	SEMESTER 2 (SPRING)
9TH GRADE		
10TH GRADE		
11TH GRADE		
12TH GRADE		

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ESSAY:

To be considered for this scholarship, applicants must be a high school senior who have demonstrated an interest in Appalachian studies, including, but not necessarily limited to Appalachian history, music, art, folk culture and economic or community development. The applicant must demonstrate a desire to pursue this study at a higher educational level and express a desire to eventually live and work within Appalachia.

Please include in your essay an explanation of how you fit the above criteria. How does this influence your future plans?

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COLLEGE INFORMATION:

Please list all colleges where you have been accepted

FINANCIAL AID INFORMATION:

List any scholarships/grants/ other aid you have received

What is the annual cost of the college you will most likely attend (tuition+housing+food+books)

What is your Estimated Family Contribution? (found on your FAFSA SAR)

What is your family's combined total income?

IF YOU HAVE ADDITIONAL FINANCIAL INFORMATION THAT NEEDS TO BE CONSIDERED, YOU ARE WELCOME TO SHARE WHATEVER INFORMATION YOU WISH

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REFERENCES

Please list one high school teacher and one community member or employer who knows you well. *(Please ask the person before using their name as a reference. If you are a home school student, use two community members.)*

Teacher's Name _____

Occupation _____

Phone Number _____

Email Address _____

Community
Member's Name _____

Occupation _____

Phone Number _____

Email Address _____

CERTIFICATION STATEMENT

By completing this document and submitting it for review to the Mitchell County Historical Society, I certify that its content is entirely my own work (not my parents or friends). I also agree that it is okay to contact the references I have listed.

Type or sign your full name if you agree with the certification statement above. A digital signature will be as binding as a handwritten one.

Signature: _____

Unsigned applications will not be considered.

Please submit your applications to:

MCHS
PO Box 651
Bakersville, NC 28705

Or mitchellInchistory@gmail.com