

## SCHOLARSHIP GUIDELINES

### THE PROGRAM

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As Professor Emeritus of French Studies at Duke University, Linda Orr has a passion for foreign language studies and is deeply committed to helping students achieve their dreams. Linda established a Foundation For The Carolinas (FFTC) Scholarship Fund to help Charlotte-Mecklenburg Schools high school students with major financial needs have the opportunity to study abroad. Linda hopes the scholarship fund will inspire students to share their global experiences with the community, and grow our interest in foreign cultures.

### ELIGIBILITY

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To apply for the Global Lifetime Experience: deNoyelles-Orr Scholarship Fund:

- Applicants must be current Charlotte-Mecklenburg Schools high school students
- Applicants must be 15-18 years of age at the time of the program (Note: Specific age requirements vary by country of interest)
- Applicants must be eligible for the Child Nutrition Services Free and Reduced Lunch Program
- Applicants must have completed one year of language coursework at the time of the program
- For applicants 18 years of age and younger, a guardian/parent must sign application in support of applicant.  
***Parents/Guardians: Your signature provides consent and acknowledgement of your child's application to study abroad.***
- Apply for AFS Intercultural Program Study Abroad (The scholarship is contingent upon applicant being accepted by AFS-USA and partner country)
- Recipient must provide an Excursion Report upon returning from Study Abroad

### APPLICATION PROCEDURE

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To apply, please submit the following materials by **5:00 pm on Monday, February 1, 2016**:

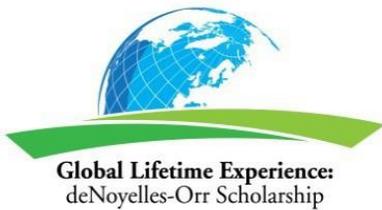
- Completed Application Form (Note: Applications without parent and student signatures will not be accepted.)
- Official high school transcript (Note: Grade reports are unacceptable.)
- Financial Need Form
- One Letter of Recommendation from a CMS school official who can attest to the applicant's intellectual motivation and abilities and comment on the applicant's suitability for study abroad.
- Upon being selected as a Global Lifetime Experience: deNoyelles-Orr Scholarship recipient, an official letter of acceptance from AFS (American Field Service) Intercultural Programs, indicating your travel and study plans and the anticipated dates must be received by FFTC.

### SELECTION OF RECIPIENTS

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Scholarship recipients are selected on the basis of financial need, academic record, demonstrated leadership and participation in school and community activities. Selection of recipients is made by a volunteer selection committee appointed by FFTC.

Questions regarding the scholarship program should be addressed to [scholars@fftc.org](mailto:scholars@fftc.org) or (704) 973.4500.



## SCHOLARSHIP APPLICATION

### SCHOLARSHIP AWARDS

Foundation For The Carolinas awards scholarships on the basis of a competitive process that may consider academic achievement, extracurricular and community involvement, a statement of the applicant's personal aspirations and educational goals, financial need and references. Applicants are advised to thoroughly review the guidelines for specific criteria relating to the scholarship for which they are applying. Scholarships are awarded at the discretion of the Foundation's Board of Directors based on scholarship committee recommendations. The Foundation pays scholarship funds directly to the recipient's school. Scholarships are designated for tuition, required fees, books and supplies only. Scholarships are awarded for one year only. Scholarships are awarded without regard to race, color, ethnicity, national origin, religion, gender or sexual orientation.

### APPLICATION AND INFORMATION RELEASE STATEMENT

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application may disqualify me from receiving a scholarship.

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Permanent Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Personal Email: \_\_\_\_\_ School Email: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_ Do you have full rights to travel outside of the U.S? Yes No

### HIGH SCHOOL INFORMATION

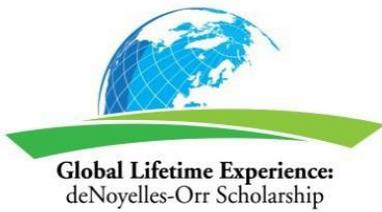
High School (HS): \_\_\_\_\_  
HS current cumulative GPA/scale: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_  
Foreign Language Coursework: \_\_\_\_\_

### PROGRAM INFORMATION

Please list in order of preference the countries to which you have applied:

| Country | Estimated Program Cost or Range |
|---------|---------------------------------|
| _____   | _____                           |
| _____   | _____                           |
| _____   | _____                           |

Duration of Stay: \_\_\_\_\_ If other, please explain: \_\_\_\_\_



## SCHOLARSHIP APPLICATION

**Applicant:**

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

### FINANCIAL INFORMATION

| FATHER/GUARDIAN |          | MOTHER/GUARDIAN |          | Household Information                 |    |
|-----------------|----------|-----------------|----------|---------------------------------------|----|
| Name:           |          | Name:           |          | # in household:<br>(including you)    |    |
| Employer:       |          | Employer:       |          | # of dependents<br>(including you)    |    |
| Position:       |          | Position:       |          | Do you receive free or reduced lunch? |    |
| Annual Income:  | \$ _____ | Annual Income:  | \$ _____ | Yes                                   | No |

### ADDITIONAL SOURCES OF INCOME OR SCHOLARSHIPS

| Name     | Amount   |
|----------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |

Please attach a statement prepared by the parent/guardian summarizing the family's obligations and resources. The statement needs to illustrate the financial resources and financial need of the applicant and the applicant's family'

### APPLICANT AND PARENTAL ACKNOWLEDGEMINT

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application may disqualify me from receiving a scholarship.

I, \_\_\_\_\_, am a student at \_\_\_\_\_

**Applicant's Name** **High School**

I am applying to participate in an AFS Study Abroad Program funded through Foundation For The Carolinas, which requires international travel. My participation in this program is voluntary. I hereby understand and voluntarily agree to the conditions outlined.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

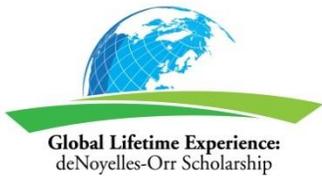
### PARENTAL CONSENT

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_

**Parent's Name** **Applicant's Name**

I acknowledge that my child is applying to participate in the AFS Study Abroad Program funded through Foundation For The Carolinas, which requires international travel. My child's participation in this program is voluntary. I hereby understand and voluntarily agree to the conditions outlined.

**Parent's or Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## RECOMMENDATION FORM

**Applicant:**

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

**TO THE APPLICANT:**

Applicant, please provide a copy of this form to the person providing a letter of recommendation for you. The letter must be from a CMS school official who can attest to the applicant's intellectual motivation and abilities and comment on the applicant's suitability for study abroad in terms of personal factors: flexibility, maturity, intellectual curiosity, independence, and motivation

**TO THE REFERENCE:**

The above-mentioned applicant is applying for the Global Lifetime Experience Scholarship to study abroad. We would appreciate your assessment of the applicant's intellectual motivation and abilities as well as comment on the applicant's suitability for study abroad in terms of personal factors: flexibility, maturity, intellectual curiosity, independence, and motivation. Please return this form and your single-sided typewritten recommendation to the applicant (in a sealed envelope with your signature across the flap) so he or she may submit it as part of a total application package. The Scholarship Committee will not review incomplete applications. **The application deadline is February 1.**

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

Title: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

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

Your letter should address the following:

1. How long and in what capacity have you known the applicant?
2. If selected, this student will be required to make an adjustment to their current living situation. The student's success in the program will be strongly affected by this adjustment of living in a foreign environment. Based on your knowledge of the applicant, will you give us your opinion of the student's ability to make such adjustments?
3. How would you describe the candidate in terms of maturity, sense of responsibility, reliability, honesty, and character?
4. Please indicate the applicant's academic attributes.

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