



## Lib Mills Academic Scholarship

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Applicant Information:

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Does applicant go by a nickname? Yes \_\_\_ No \_\_\_

What Name does applicant go by? \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_ Male \_\_\_\_ Female

Parent Names & Relationship: \_\_\_\_\_

Current year in School:  High School Senior  High School Junior  
 College Freshman  College Sophomore  
 College Junior  College Senior

Employment Activity:  Applicant works Part Time  
 Applicant works Full Time  
 Applicant is Not Employed

Employment Location: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Average # of Hours worked Per Week: \_\_\_\_\_



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### **High School Information:**

High School Name: \_\_\_\_\_

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

Dates Attended: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

Did Applicant Graduate?      Yes  Or      No

GPA: \_\_\_\_\_ GPA: \_\_\_\_\_ SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_ Other: \_\_\_\_\_

### **High School Activities:**

Type: \_\_\_\_\_

Dates: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

Position Held? \_\_\_\_\_

### **Awards & Special Recognition:**

Type: \_\_\_\_\_

Dates: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

Description:

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### College Information:

College/University Name: \_\_\_\_\_

Financial Aid Office Address: \_\_\_\_\_

College Major: \_\_\_\_\_

College Minor: \_\_\_\_\_

College Credits earned to date: \_\_\_\_\_

Total Credits Needed to Graduate: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Dates Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

Degree Desired:

Associate's     Bachelor's     Master's     Doctorate

### Collegiate Awards & Special Recognition:

Type: \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

Description:

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



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### **Public Service:**

Activity: \_\_\_\_\_

Dates: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

Description:

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

### **Community Service:**

Activity: \_\_\_\_\_

Dates: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

Description:

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

### **Government Activities:**

Activity: \_\_\_\_\_

Dates: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_

Description:

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



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### Clogging Background:

What Organizations/Activities does the applicant participate in?

UCA     NCHC     CCA     ACHF     Workshop Dancer

Is the applicant currently on a Clogging Team?     Yes or  No

If Yes, What Team? \_\_\_\_\_

Has the Applicant received any of the following awards?

UCA Legacy Team – What Year? \_\_\_\_\_

CCA All Pro Team – What Year? \_\_\_\_\_

NCHC All Star Team – What Year? \_\_\_\_\_

ACHF All American Team – What Year? \_\_\_\_\_

What honors has the applicant received in clogging? \_\_\_\_\_

\_\_\_\_\_

Has the applicant ever taught clogging?     Yes or  No

Where/When: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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### Application Deadline:

Application must be completed in full and submitted by August 30, 2020.

### Disclosure Statement:

I, \_\_\_\_\_ (Name) have read and fully understand the conditions of the UCA Scholarship. I affirm that the information contained herein is true and accurate to the best of my knowledge and belief. I understand that without all documentation that my application will be rejected.

Required Documentation for Consideration:

- Application Completed in Full Detail
- High School/College Transcripts (Postmarked by August 30, 2020)
- Current Photograph
- Letter of Recommendation from current or past clogging Director

**Important:** Mail application and all required documentation to:

Sharon Hege  
c/o: UCA Scholarship  
272 Fairview Acres Road  
Lexington, NC 27295

Do you have questions, contact Sharon Hege  
(336) 250-0508  
hhege@triad.rr.com