### The Dottie Martin Teachers Scholarship

Dena Barnes, Chairman

Kay Wildt, NCFRW President

Cornelia Groce, Vice Chairman Honorary Director: Dottie W. Salerno Pat C. Smith, NCFRW Immediate Past President

The North Carolina Federation of Republican Women established the Dottie Martin Teachers Scholarship Fund in 1991 in honor of First Lady Dottie Martin's work and dedication to the families and youth of North Carolina.

This annual scholarship of \$500.00 is designed for a man or a woman presently enrolled and studying the field of education. Its purpose is to attract teachers who are motivated to cultivate in our young people a true love of learning. Our objective is to assist aspiring teachers who are particularly interested in child guidance and counseling and who want to make a difference in the lives of North Carolina's children. Those presently enrolled in education programs can be considered for the scholarship after approval of that program by the Board of Directors of The Dottie Martin Teachers Scholarship Fund. Recent high school graduates are not eligible to apply for the scholarship. The applicant must be well-advanced in programs of Education with an established career plan for teaching.

#### A completed application must include the following:

- ♦ Background history forms, Sections A-G fully completed
- Three (3) letters of recommendation including telephone number of authors
- ♦ Most recent copy of college or university transcript
- ♦ A typed essay which includes:
  - 1. Reasons for applying
  - 2. Career goals
  - 3. Teaching plans in North Carolina once education is completed
  - 4. Reasons why you think you should receive the Dottie Martin Teachers Scholarship
  - 5. How much of a financial burden would you incur without the scholarship
  - 6. Provide information as it relates to your personal values, desires and ambitions

### Only completed applications will be considered

Scholarships will be awarded in early August; all applicants will be notified. Recipients will be required to write a letter of acceptance within 10 days after receiving the award and provide a transcript of grades for the period during which the scholarship is used.

> **Application Deadline: No later than June 1** Completed application must be mailed to: Dena Barnes, 2709 Pleasant Ridge Road, Summerfield, NC 27358

> > For further information please call: (336)312-4643

### The Dottie Martin Teachers Scholarship Application

## Section A Personal Information

Name:				
	First	Middle	Last	
Address:				
	City	State	Zip	
Address dur	ring the academic year	(if different from above):		
Address:				
	City	State	Zip	
Area Code	Telephone		Email	
		Section B High School Information		
		High School		
	City	State	Zip	
Date of Gra	duation:			
Course of St	tudy:			
Grade Point Average:		Scale: A=?		
Activities an	nd Achievements:			

### Section C Undergraduate Study

	College or University				
	City	State	Zip		
Major:		Minor:			
(Expected)	Date of Graduation:				
Grade Point Average:		Scale: A=?			
Activities a	and Achievements:				
	Complete only if y	Section D Graduate Study you are currently enrolled in a	post graduate program		
		College or Universi	ty		
	City	State	Zip		
Concentra	tion:				
(Expected)	Date of Graduation:				
Grade Point Average:		Scale: A=?			
Activities a	and Achievements:				

Section E
Civic Activities, Political Activities, Interests and Hobbies

### Section F Employment History

Begin with most recent employment and work backwards chronologically.

	Employer #1			
Street Address	City	State	Zip	
Supervisor	(Ar	ea Code) Telephone		
Job Title	Dat	tes of Employment		
	Employer #2			
Street Address	City	State	Zip	
Supervisor	(Ar	ea Code) Telephone		
Job Title	Dat	tes of Employment		
	Employer #3			
Street Address	City	State	Zip	
Supervisor	(Ar	ea Code) Telephone		
Job Title	Dat	tes of Employment		

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# Section G Financial Background

Annual Income	
Annual Income	
Other Fina	ancial Assistance
Estimated Tuition Cost for <b>This</b> Academic Year	
Area Code Talanhana Number of Callage or Liniu	varsity for varification
Area Code, Telephone Number of College or Univ	rersity for verification
Additional Comments:	
I verify that the information in this application is	s true and accurate, to the best of my knowledge.
,	, , ,
Cionatura	Data
Signature	Date