



Women's Auxiliary  
Scholarship Application



Type or Print Clearly

General Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ( ) M ( ) F ( ) Single ( ) Married

Academic Information

Name of college, university or trade school you will be attending: \_\_\_\_\_

Type of Program: ( ) Certification ( ) Associate ( ) Bachelor ( ) Masters ( ) Other \_\_\_\_\_

Current Standing: ( ) High School Senior ( ) College Freshman ( ) College Sophomore  
( ) College Junior ( ) College Senior ( ) College Graduate

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

Where do you plan to live? ( ) Home ( ) On campus ( ) Off campus ( ) Other \_\_\_\_\_

Do you plan to work during the academic year? ( ) Yes ( ) No If yes, how many hours \_\_\_\_\_

Number of siblings who will be attending college during the year in which you are applying: \_\_\_\_\_

Personal Information

Please answer the following questions in 50 words or less each. Answer on additional sheet and submit with application. Make sure your name is on each attached sheet.

- 1. Why do you feel you deserve this scholarship? \_\_\_\_\_
- 2. Describe your future goals and plans and how this scholarship will help achieve them? \_\_\_\_\_

List all community activities, church activities, school related extra-curricular activities, or volunteer positions you have held in the space below: (Use additional sheet of paper if needed)

Activity/Club	Dates From	Dates To	Officer, Member, etc.

List special recognition, awards and honors received with the above activities in the space below:

Recognition, Honors, Awards	Date	Group Sponsoring Award or Honor

What is your connection to the Camping World East and/or Auxiliary? \_\_\_\_\_  
\_\_\_\_\_



## Women's Auxiliary Scholarship Information



The Women's Auxiliary Scholarship awards two scholarships per year to students of any age that are continuing their education beyond high school.

Scholarship awards are \$500.00 per student per year. They are non-renewable, though students are permitted and encouraged to re-apply annually.

Eligible students must be furthering their education above the high school level at one of the following institutions:

- Accredited Technical, Trade or Vocational School
- Public/Community College (Associate's Degree)
- Private/Proprietary College (Associate's Degree)
- Public or Private College (Bachelor's Degree)
- Public or Private College (Master's or Doctorate Degree)
- Higher Educational Facility such as Medical School or Law School

### Selection Process

To be eligible for a scholarship from the Women's Auxiliary, students must:

1. Have an affiliation with the NASCAR Camping World East Series or Women's Auxiliary.
2. Complete the attached application in its entirety - incomplete applications will not be considered.
3. Include a copy of your admissions letter from your school and/or credible proof of enrollment.
4. Provide two completed recommendation forms (attached) with completed application.
5. Submit completed application between the dates of August 1, 2008 and November 30, 2008.

Scholarships will be announced at the NASCAR Camping World East Series banquet on December 12, 2008 at Mohegan Sun Casino in Uncasville, Connecticut.

Winners will receive their check by January 15, 2009.

I certify that the information provided is true and complete. I understand that false or incomplete information may result in forfeiture of eligibility or scholarship, if selected.

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

**Return complete application and supporting material by November 30, 2008, to:**

**Women's Auxiliary  
Scholarship Programs  
ATTN: Sue Santerre  
6510 Hudspeth Road  
Harrisburg, NC 28075**

*For additional information call: (704)455-6665 or 704-400-5062*

Form may be reproduced locally.



**Women's Auxiliary**  
**Recommendation Form**



**Student:** Please fill in name and social security number only and give this form to a person with direct knowledge of your abilities and potential (cannot be a family member). Once complete, it must be attached to your application.

**Student Information (to be completed by applicant)**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Evaluation Form (to be completed by individual providing the recommendation)**

No letters of recommendation will be accepted. Complete this form rating the student by circling the appropriate level of performance (1 (one) being Poor and 5 (five) being Outstanding)

	<b>Poor</b>				<b>Outstanding</b>
Self Motivation	1	2	3	4	5
Commitment	1	2	3	4	5
Responsibility	1	2	3	4	5
Leadership	1	2	3	4	5
Judgment	1	2	3	4	5
Creativity	1	2	3	4	5

Additional Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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