



Expected Graduation Date \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Ultimate Degree Objective Career Goal: \_\_\_\_\_

Besides yourself, list other household members who will also be enrolled in college or graduate school, and indicate their place of enrollment: \_\_\_\_\_  
\_\_\_\_\_

Explain any special or unusual circumstances which we should be aware in considering your application:  
\_\_\_\_\_  
\_\_\_\_\_

Amount of your mother's annual salary: \$ \_\_\_\_\_ as listed on the most recent IRS Tax Form.

Amount of your father's annual salary: \$ \_\_\_\_\_ as listed on the most recent IRS Tax Form.

If you're married, amount of your spouse's annual salary: \$ \_\_\_\_\_

If you're employed, amount of your own annual salary \$ \_\_\_\_\_

Additional income or resources of family (such as rental income, stocks, pensions, businesses, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION THAT MUST Be RECEIVED BY JUNE 25:**

**If you are applying to the Patterson Memorial Fund for the FIRST TIME, two letters of recommendation are necessary. Please list the names of your references in the spaces below. It will be your responsibility to request that these two people send letters of recommendation for you directly to Jean Beaver, Chairperson of the Scholarship Committee. **Make your request early enough so that your references will have sufficient time to write and send their letters prior to the application deadline of June 25.****

Two qualified references: Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Name \_\_\_\_\_

Telephone # \_\_\_\_\_

**Academic Transcript**

If you are not yet enrolled in college or seminary, please arrange to have a copy of your final high school transcript sent to the Scholarship Committee prior to the application deadline.

After you have enrolled in college or seminary, please arrange to have a copy of your academic transcript (or copies of your official grade reports, you may make copies of your official grade reports which you personally receive) sent to the Scholarship Committee **at the end of each academic year**. To do this, check with the Registrar's Office of your college or seminary; usually, this request must be in writing, instead of just by telephone conversation.

**Your Institution Financial Aid Award Letter**

Please supply to the committee **a copy of your award letter** identifying loans, scholarships, grants, and any other student

assistance which you expect to receive for the period for which you are applying for a Patterson Grant. **It is your responsibility to check with the Financial Aid Office at your Institution in order to receive this information BEFORE the Patterson Application Deadline of June 25.**

**Withdrawal/Change of Institution**

If you withdraw from or change schools for any reason, you must immediately notify the treasurer and return money which you were awarded for that period of time.

List **Expenses** and **Resources** for the period during which you wish to receive assistance: **BE THOROUGH.**

**Expenses for the Year**

**Resources (amount of contribution expected)**

Tuition (Type) \_\_\_\_\_

From Parents \_\_\_\_\_

Fees \_\_\_\_\_

From Spouse \_\_\_\_\_

Room/Board \_\_\_\_\_

Personal Savings \_\_\_\_\_

Food Plan \_\_\_\_\_

Your Earnings during the year \_\_\_\_\_

Books & Supplies \_\_\_\_\_

**Other (Be specific, Grants, Loans, Scholarships, etc.)**

Clothing \_\_\_\_\_

\_\_\_\_\_

Laundry \_\_\_\_\_

\_\_\_\_\_

Transportation/Sch. Related \_\_\_\_\_

\_\_\_\_\_

Other (Be Specific): \_\_\_\_\_

\_\_\_\_\_

Car Insurance \_\_\_\_\_

\_\_\_\_\_

Health Insurance \_\_\_\_\_

Electricity \_\_\_\_\_

Phone \_\_\_\_\_

Parking Permit \_\_\_\_\_

University Fees (not listed above) \_\_\_\_\_

**TOTAL EXPENSES** \_\_\_\_\_

**TOTAL RESOURCES** \_\_\_\_\_

**PLEASE CHECK FOR THE ACCURACY OF YOUR CALCULATION TOTALS.**

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Today's Date**

**Patterson Memorial Fund Scholarship Committee Members**

Jean Beaver, Chairperson  
412 Cypress Point  
Huntersville, NC 28078  
828-310-0266

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