



THE WILLIAM TASSE ALEXANDER SCHOLARSHIP FUND

*Established by the Will of Margery Alexander Thompson
Foundation For The Carolinas*

The purpose of the William Tasse Alexander Scholarship Fund is to provide merit scholarships to undergraduate students from Mecklenburg County, North Carolina; primarily in the field of education.

MINIMUM ELIGIBILITY

William Tasse Alexander Scholarship applicants must meet the following criteria:

1. Be at least rising juniors or seniors in college and must be full-time students. Exceptions may be made for lateral entry students at the discretion of the Scholarship Committee.
2. Be majoring in the field of education or taking courses leading to a career in teaching.*
3. Have a minimum cumulative grade point average of 3.0 (on a 4.0 scale).
4. Be legal residents of Mecklenburg County, North Carolina.*

**Applicants who are descendants of Susan Henry & Thomas J. Watkins and Margery Cochran & William T. Alexander must meet merit requirements for scholarships but are not limited as to field of study or place of residence.*

APPLICATION PROCEDURE

To be considered for a scholarship, applicants must submit the following information by March 1:

- A completed application form.
- An official transcript(s) of academic coursework and grades for at least the last two years.
- A copy of the applicant's NTE/Praxis Series scores, if available.
- Three recommendation forms: two from instructors or other campus administrators and one from an employer or other non-related individual.
- A one-to-two page typed statement expressing why the applicant is applying for the scholarship, the applicant's qualifications and the applicant's educational and career goals.
- A copy of the estimated expense budget for tuition, room and board, books, etc. at the school the applicant plans to attend (available from the school's Financial Aid Office).

SELECTION CRITERIA

The Scholarship Committee will consider the following when selecting recipients:

1. Prior academic performance.
2. School and community involvement and personal achievements.
3. Commitment to and demonstrated potential for a career as an educator.

Finalists may be requested to attend a personal interview with the Scholarship Committee

SCHOLARSHIP AWARDS

Scholarships will range from \$1,000 to \$3,500 at the discretion of the William Tasse Alexander Scholarship Committee. Scholarships are paid directly to the recipient's school and are designated for tuition and required fees. Scholarships are awarded for one year only, but may be renewed provided funds are available and satisfactory performance is maintained. The William Tasse Alexander Scholarship Committee and the Foundation For The Carolinas Board of Directors reserve the right not to award scholarships if applicants are not considered qualified. Scholarships are awarded without regard to race, sex, religion, age or national origin.

SUBMIT ALL APPLICATION MATERIALS BY MARCH 1 TO:

The WTA Scholarship Committee
Foundation For The Carolinas
217 South Tryon Street
Charlotte, NC 28202
Phone (704) 973-4537



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APPLICATION FORM (p1)

PERSONAL INFORMATION

Applicant's Name (First, Middle, Last): _____

Permanent Street Address: _____

City, State, ZIP: _____

Temporary (School) Address: _____

City, State, ZIP: _____

Home Telephone: _____ E-mail Address: _____

Date of Birth: _____ Social Security #: _____

Applicant's Marital Status: Single Married Number of Dependents (excluding self): _____

Parent/Guardian Name(s) and Address(es):

SCHOOL INFORMATION

High school(s) attended: _____

High school graduation date: _____

College(s)/vocational school(s) attending/attended: _____

College you plan to attend next fall: _____ Location: _____

Current cumulative GPA: _____ What degree are you seeking? _____

Briefly explain the profession for which academic preparation is sought:

Check the class you will be in next fall: Junior Senior 5th-Year Senior Post-Baccalaureate

Check where you will live next fall: Residence Hall Off-campus With Parent/Guardian



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APPLICATION FORM (p2)

Applicant's Name (First, Middle, Last): _____

SCHOOL INVOLVEMENT

Please list school extracurricular activities in which you have participated.

Activity / Year(s) / Leadership Position(s): ex. Student Council/ 10, 11, 12/ Vice President

COMMUNITY INVOLVEMENT

Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active.

Organization / Year(s) / Position: ex. Community Church / 2000 - present/ Youth Leader

HONORS AND AWARDS

Please list any honors or awards you have received, the name of the organization presenting the award and date.

Award / date: _____
Awarding organization: _____
Award / date: _____
Awarding organization: _____
Award / date: _____
Awarding organization: _____



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APPLICATION FORM (p3)

Applicant's Name (First, Middle, Last): _____

EMPLOYMENT INFORMATION

Please list your employment history, including dates, starting with your most recent job.

Company / dates: _____

Job title / hours per week: _____

Company / dates: _____

Job title / hours per week: _____

Company / dates: _____

Job title / hours per week: _____

Company / dates: _____

Job title / hours per week: _____

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.

I, (print applicant's name) _____ give permission for any college or school to release to Foundation For The Carolinas any information necessary to process or maintain my scholarship.

Applicant's Signature: _____ Date: _____

APPLICATION CHECKLIST

*Please note that your application packet must include **all** of the following materials to be reviewed by the Scholarship Committee. Check off each item when completed:*

- A completed application form.
- An official transcript(s) of academic coursework and grades for at least the last two years.
- A copy of the applicant's NTE/Praxis Series scores, if available.
- Three (3) recommendation forms and letters in sealed envelopes with signatures across the flaps.
- A one-to-two page typed personal statement.
- A copy of the estimated expense budget listing tuition, room and board, books, etc. for the school the applicant plans to attend (available from the school's Financial Aid Office).



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RECOMMENDATION FORM #1

Applicant's Name (First, Middle, Last): _____

Permanent Street Address: _____

City, State, ZIP: _____

College/university you plan to attend next fall: _____

TO THE REFERENCE:

The student named above is applying to the William Tasse Alexander Scholarship Fund. Your recommendation is needed as part of the application process. After completing the information below, please use the back of this form or an attached sheet to provide your recommendation for this applicant.

Your recommendation should express why you think this student should be considered for a scholarship. If appropriate, please include an assessment of the applicant's:

- Evidence of promise as a teacher
- Scholastic achievement
- Cooperation
- Perseverance
- Character
- Personality
- Work habits

Please return this form and your written 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 application deadline is March 1.

Check your relationship to the applicant: Instructor/Professor Employer Other

If other, please specify: _____

How long have you known the applicant? _____

Your Name: _____

Title: _____

Mailing Street Address: _____

City, State, ZIP: _____

Daytime Phone: _____

Signature: _____ Date: _____



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RECOMMENDATION FORM #2

Applicant's Name (First, Middle, Last): _____

Permanent Street Address: _____

City, State, ZIP: _____

College/university you plan to attend next fall: _____

TO THE REFERENCE:

The student named above is applying to the William Tasse Alexander Scholarship Fund. Your recommendation is needed as part of the application process. After completing the information below, please use the back of this form or an attached sheet to provide your recommendation for this applicant.

Your recommendation should express why you think this student should be considered for a scholarship. If appropriate, please include an assessment of the applicant's:

- Evidence of promise as a teacher
- Scholastic achievement
- Cooperation
- Perseverance
- Character
- Personality
- Work habits

Please return this form and your written 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 application deadline is March 1.

Check your relationship to the applicant: Instructor/Professor Employer Other

If other, please specify: _____

How long have you known the applicant? _____

Your Name: _____

Title: _____

Mailing Street Address: _____

City, State, ZIP: _____

Daytime Phone: _____

Signature: _____ Date: _____



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RECOMMENDATION FORM #3

Applicant's Name (First, Middle, Last): _____

Permanent Street Address: _____

City, State, ZIP: _____

College/university you plan to attend next fall: _____

TO THE REFERENCE:

The student named above is applying to the William Tasse Alexander Scholarship Fund. Your recommendation is needed as part of the application process. After completing the information below, please use the back of this form or an attached sheet to provide your recommendation for this applicant.

Your recommendation should express why you think this student should be considered for a scholarship. If appropriate, please include an assessment of the applicant's:

- Evidence of promise as a teacher
- Scholastic achievement
- Cooperation
- Perseverance
- Character
- Personality
- Work habits

Please return this form and your written 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 application deadline is March 1.

Check your relationship to the applicant: Instructor/Professor Employer Other

If other, please specify: _____

How long have you known the applicant? _____

Your Name: _____

Title: _____

Mailing Street Address: _____

City, State, ZIP: _____

Daytime Phone: _____

Signature: _____ Date: _____