

**AMY TAYLOR HARVELL
COLLEGE SCHOLARSHIP
2024-2025 SCHOLARSHIP APPLICATION
FOR CURRENT OR IN-GOING UNDERGRADUATE STUDENTS PROGRAM
OVERVIEW & APPLICATION INSTRUCTIONS**

The Amy Taylor Harvell Scholarship is given in loving memory of our daughter. Amy would be so pleased to know she will be helping others to have an opportunity to attend college as she was able to do. Amy always showed strength, courage, and a love for life. She married a wonderful man, enjoyed having fun by swimming with the dolphins in Hawaii, riding horses, or riding her motorcycle on country roads with her dad.

Amy never let her disease alter her approach to living her life. She was an inspiration to all that knew her. Spending countless days in hospitals, and the daily routine of taking different medicines and physical therapy, she never allowed that to keep her from living life to the fullest.

We hope that you will aspire to achieve all that you can. For 28 years, Amy truly showed us what this means.

Tim and Carol Taylor

Award Details: Scholarships range from \$500-\$2000 and are made directly to the academic institution to assist in covering the cost of tuition and fees. Scholarships are made for one year; however, individuals may re-apply a maximum of three years.

Eligibility Criteria: The Amy Taylor-Harvell Scholarship program is open to individuals with CF who are in-going or current undergraduate or graduate students at an accredited US-based college or university.

Selection Criteria: In selecting applicants, the committee takes into consideration each applicant's scholastic record, character, demonstrated leadership, service to CF-related causes and the broader community, and need for financial assistance.

Application Deadline & Award Date: Applications must be postmarked by July 15, 2024. Incomplete or late applications cannot be considered. Applicant winners will be contacted by phone or mail no later than August 5, 2024.

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CANDIDATE SUMMARY INFORMATION

Name: Last _____ First _____

Gender: Male _____ Female _____

High School Name and Location: _____

High School Cumulative GPA: _____

Date of High School Graduation: _____

SAT/ACT Total Score & % (use best scores if taken more than once): _____

Math Score & %: _____ Critical Reading Score & % _____

Writing Score & %: _____ Essay Score: _____

College/University Name and Location: _____

Student ID: _____

Current Academic Status (freshman, sophomore, junior, senior): _____

Major: _____

Annual tuition and fees for your college/university: _____

Monetary value of all sources of financial aid already awarded (e.g., scholarships, grants, fellowships, work/study, contributions family) _____

PERSONAL INFORMATION

Date of Birth: _____

Street address: _____

City, State, Zip: _____

Telephone #: _____

Email address: _____

Have you ever been convicted of a crime? (check one) Yes ___ No ___
If yes, please explain on a separate page.

FAMILY INFORMATION

Father's name: _____

Mother's name: _____

Number of Siblings: _____

Ages of Siblings: _____

COMMUNITY INVOLVEMENT

On a separate sheet of paper, please list past/current community involvement (include dates/offices held) and extracurricular activities and interests (include dates and any leadership roles).

ESSAY QUESTIONS

- 1) Please tell us about your post-college career goals (two pages, double-spaced).
- 2) Optional Please provide any additional information you want the Committee to consider in evaluating your application.

ADDITIONAL INFORMATION REQUIRED

- 1) A detailed list of annual tuition and fees for your college/university
- 2) A detailed list of all sources of financial aid/support already awarded (e.g., scholarships, Grants, fellowships, work/study, contributions from family, etc.).
- 3) A letter of recommendation from a teacher, employer, or close friend/relative
- 4) For current college/university students-an official college/university transcript.
- 5) For in-going freshman-An official transcript from your high school and an acceptance letter or confirmation of enrollment from your college/university.

APPLICATION INSTRUCTIONS

Please read these instructions carefully. If you have any questions, please email, or call Beth Jorgensen at Elizabeth.jorgensen@atriumhealth.org or 704-381-6876.

- 1) Complete this application only if you are a current or in-going undergraduate student.
- 2) Complete this entire application form and submit all the requested additional information.
If there are items that are not relevant to you, N/A.
- 3) All applications must be typed.
- 4) Mail completed application by July 15, 2023, to the address below. Incomplete or late applications cannot be considered.

Amy Taylor Harvell Scholarship
 5 Deerwood Circle
 Oak Island, North Carolina 28465

APPLICATION CERTIFICATION

I certify that the information presented in my application is accurate and complete. I understand and agree that any inaccurate information, misleading information, or omission will be cause for the invalidation of any scholarship offered to me. The scholarship committee may verify any and all parts of my application materials. I also understand that it will be necessary to provide my social security number to the scholarship committee if I am selected as a recipient.

Applicant's signature _____ Date:_____