

## Davidson County Teaching Scholarship Program Application

1. Please state:

Your Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

2. Please provide:

Address of Permanent Residence: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_

Dormitory/School Address: \_\_\_\_\_  
(If different from above) \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
(If different from above) \_\_\_\_\_

3. Attach a copy of your current North Carolina driver's license or identification card to this application.
4. Attach a certified local criminal history records search by the Clerk of Court in each county where the applicant has resided within the preceding 60 months to this application.
5. Please provide the name, street address and mailing address of the high school or private school or home school from which you graduated. Please attach a copy of your diploma or other certification or similar document showing your graduation from such school. If you graduated from a private religious school or school with religious charter or a home school, please attach a certification or similar statement from the duly authorized representative of the State of North Carolina that conducted an inspection of that school stating that the school has met all of the requirements applicable to such schools. If you attended a school other than a public high school or home school or a private religious school or school with religious charger, please provide either (1) a certificate of statement of such school from the North Carolina State Board of Education or the Southern Association of Colleges and Schools that such school was accredited by the Board or

Association at the time that the applicant graduated from the school, or (2) a certificate or other statement showing membership of the school in the North Carolina Association of Independent Schools, or (3) a sworn affidavit from the chief executive or director that such school does not receive any funds from the State of North Carolina.

---

---

---

6. Please provide the name of the college or university which you currently attend or have been accepted to (if you have not yet started classes). For that college or university, please provide the address and telephone number of the administrative offices of such college or university or the address and telephone number at which the college or university customarily receives mail and telephone calls.

---

---

---

---

7. Please provide the name, address and telephone number of any other college or institution which you have attended:

---

---

---

---

8. Please provide a certified copy of your current or most recent transcript issued by each college or university you have attended (or a copy of your high school transcript if you have not yet started classes). Such transcript should include your current grade point average and major course of study. In the space provided below, please provide the following information:

- a. Degree you expect to receive: \_\_\_\_\_
- b. Total number of hours completed: \_\_\_\_\_
- c. Anticipated date of graduation: \_\_\_\_\_

9. Please provide a one-page resume showing your academic achievements, extracurricular activities, work experience and special skills. These items may include, but are not limited to, computer skills, foreign language proficiency and any certifications.

10. Please provide three letters of recommendation in sealed envelopes. Two of the three persons must be instructors from the college or university at which you attend (or your high school if you have not yet started classes). No letter or recommendation shall be accepted or considered which is written by a parent, spouse, son or daughter, aunt, uncle, sibling, first cousin or from any person which is or was a legal guardian and/or person acting *in loco parentis* or any person related by marriage. Please provide the name, address and telephone number of the persons from whom you are seeking recommendations. **Any letter of recommendation which is not sealed or has been opened prior to the filing of the application shall not be accepted.**

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_

11. In no more than two double-spaced typed pages, please explain why you chose a career in the teaching profession. Please attach essay to the application.

12. In no more than two double-spaced typed pages; please explain what specific changes you would make in the public educational system in North Carolina. In this essay please also explain succinctly and specifically your reasons for these changes. Please attach essay to the application.

### **RULES FOR APPLICATION**

- 1. This application must be completed either in typewritten form or in black ink. All questions must be completely answered. If a particular question does not apply to you, please indicate such by writing "not applicable" or "n/a."
- 2. In completing and filing this application, you have a duty to provide truthful and accurate information. This duty continues after you have filed the application until you accept the scholarship, which means that you must provide supplemental or additional or different responses if the responses that you originally provided are no longer truthful or accurate. **ANY PERSON WHO WILLINGLY OR KNOWINGLY PROVIDES FALSE OR INACCURATE INFORMATION OR KNOWINGLY OR WILLINGLY FAILS TO CORRECT ANY INACCURATE INFORMATION ON THIS APPLICATION SHALL NOT BE CONSIDERED FOR OR AWARDED THE SCHOLARSHIP AND SHALL BE SUBJECT TO CRIMINAL PROSECUTION AS PROVIDED IN SECTION 12(B) OF THE DAVIDSON COUNTY SCHOLARSHIP ORDINANCE.**

3. Applications must be presented to the office of the County Manager of Davidson County at 913 North Greensboro Street, Lexington, North Carolina 27292 (4<sup>th</sup> floor of the Davidson County Governmental Center) or addressed to Office of the County Manager, Davidson County, Post Office Box 1067, Lexington, North Carolina 27293-1067, and postmarked no later than March 15<sup>th</sup> for the January 1<sup>st</sup> through March 15<sup>th</sup> filing period or no later than November 15<sup>th</sup> for the September 1<sup>st</sup> through November 15<sup>th</sup> filing period.
4. Applications shall be evaluated and scholarships shall be awarded based upon the applicant's academic achievements, the applicant's demonstrated commitment to the teaching profession, the applicant's work experience and extracurricular activities, and the needs of the public school system in Davidson County. All Applicants who are awarded a scholarship shall be required to enter into a contract with Davidson County and shall abide by the terms and provisions of such contract. Each Applicant who is awarded a scholarship shall be sent a contract that must be signed and returned to the Office of the County Manager no later than thirty (30) days after the Notice of Award and proposed contract is sent to the Applicant. A recipient who does not sign a contract within the time provided shall be deemed to have rejected the scholarship offer and shall forfeit any right or entitlement to any benefits of the scholarship. Please consult the Davidson County Teaching Scholarship Ordinance for the specific contractual requirements and obligations.
5. The Davidson County Teaching Scholarship Program and the application are governed by the Davidson County Teaching Scholarship Ordinance. A list of the eligibility requirements, the evaluation process, criteria and responsibilities and rights upon being awarded a scholarship are set forth specifically in the Davidson County Teaching Scholarship Ordinance.

#### **DISCLAIMER**

I hereby certify that the information that is provided in this application is true and complete to the best of my knowledge and I understand that I have a continuing duty to supplement or change or add to my answers on this application as necessary. I understand that if I willingly or knowingly fail to provide truthful or accurate answers that such failure shall be grounds for me to be denied a scholarship, have a scholarship awarded to be revoked and shall subject me to criminal prosecution and civil remedies as provided in Section 12 of the Davidson County Teaching Scholarship Ordinance.

I understand that the filing of an application does not itself entitle me to an awarded of a scholarship or entitle me to any hearing before the Davidson County Board of Commissioners or the Scholarship Review Committee or any other officer, agent or employee of Davidson County. The Scholarship Review Committee may, but is not required to, conduct interviews of applicants.

At no time during the review process will I contact in writing, orally or through any other means, any member of the Scholarship Review Committee in regards to my application, except for submitting my application and any additional or supplemental information as required by the Davidson County Teaching Scholarship Ordinance and interview that may be conducted by the Scholarship Review Committee at a regular meeting of the Committee. I will not permit or cause any other person to contact the Committee through any means on my behalf.

If I am awarded a scholarship by the Scholarship Review Committee, I understand that such award is only an offer by the Committee on behalf of Davidson County to enter into a contract. I will not receive any funds under this Scholarship Program unless I enter into a contract with Davidson County and promise and agree to abide by the terms of the contract. I acknowledge that if I enter into a contract and fail to perform my obligations, I am liable for the full amount of my scholarship and that I may be sued for such amount and for other remedies in court action. Should the aforementioned grant award be paid to me in yearly increments, I understand and acknowledge that it will be my responsibility to provide documentation to the County that I continue to be a student in good standing with a G.P.A. of at least 2.8 in order to receive subsequent checks. This proof shall be provided by way of letter issued by the educational institution that I am enrolled and have an acceptable GPA. Further, I understand that it will be my responsibility to provide this required proof to the Office of the County Manager on a yearly basis and request that subsequent checks be approved and issued pursuant to the contract.

I intend to apply for and to obtain employment as a qualified teacher in either the Davidson County Schools, Thomasville City Schools or Lexington City Schools within six (6) months after I graduate from college and become qualified to obtain my teacher's certification and to remain employed for at least three (3) years in one of the school systems.

I understand and acknowledge that neither Davidson County nor any employee, agent or officer thereof nor any member of the Scholarship Review Committee make or has made to me any promise, assurance or warranty that I will be awarded a scholarship solely by my filing an application or that I will be offered an employment position with Lexington City Schools, Thomasville City Schools or the Davidson County Schools or that I will continue in any such employment for any definite time period. I am aware that Davidson County is not bound by any promise, assurance or warranty made by any person. The hiring, termination and supervision of

teachers is the sole responsibility of the appropriate school systems and not Davidson County or the Scholarship Review Committee.

I am aware that the information I provide to the Scholarship Review Committee may constitute public records within the meaning of the North Carolina Public Records Law (N.C.G.S. § 132-1) and may be subject to inspection and copying by the public. Further, I understand that the review of and decision on my application may be subject to the Open Meetings Laws of North Carolina and that such review or decision may be made or announced in a meeting open to the public. I consent to the use of my social security number for the purposes of obtaining information to be used in the evaluation of my application and in the enforcement of the Davidson County Teaching Scholarship Ordinance. I also permit the Davidson County Board of Commissioners, the Scholarship Review Committee, the County Manager and the Clerk to the Board of Commissioners to obtain, review and investigate my academic records, academic information and information of my character and reputation. I consent to the release of information about me by the Scholarship Review Committee to the administrators and officials of the public school systems in Davidson County so that those systems can determine their need for teachers. I understand that Davidson County does not authorize the release or use of my social security number nor my academic records or information except for the purposes of evaluation of my application and as required to enforce the provisions of the Davidson County Teaching Scholarship Ordinance.

If I am signing this application as a parent, legal guardian or person standing *in loco parentis* of the Applicant, I certify and acknowledge that I have read or have had the opportunity to read this disclaimer and that I understand all of the rules, regulations and requirements for this scholarship. I further acknowledge that, as a signatory of this application, I am bound by the provisions of the Davidson County Teaching Scholarship Ordinance, this application and disclaimer. If I am required to sign the contract, I understand and acknowledge that I am bound by the provisions of the contract and the Ordinance.

I certify and acknowledge that I have read and understand all of the rules, regulations and requirements for this scholarship.

---

Signature of Applicant

Date

---

Signature of Parents, Legal Guardian or Person  
Standing *In Loco Parentis*  
(If Applicant is under age 18)

Date

\_\_\_\_\_  
Signature of Parents  
(If Applicant is under age 18)

Date

**NORTH CAROLINA  
DAVIDSON COUNTY**

I, \_\_\_\_\_, a Notary Public for said County and State do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the execution of the foregoing instrument.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**ALL APPLICATIONS SHALL BE EVALUATED AND ALL SCHOLARSHIPS SHALL BE AWARDED WITHOUT REGARD TO RACE, COLOR, CREED, NATIONAL ORIGIN, ETHNIC ORIGIN OR BACKGROUND, RELIGIOUS BELIEF OR BACKGROUND, AGE, PHYSICAL DISABILITY, POLITICAL BACKGROUND OR BELIEF AND SEX. IF THE APPLICANT IS UNDER THE AGE OF EIGHTEEN (18) YEARS, THEN THIS APPLICATION MUST BE SIGNED BY BOTH PARENTS, THE LEGAL GUARDIAN, OR PERSON STANDING *IN LOCO PARENTS* OF THE APPLICANT.**