

GUIDELINES

SCHOLARSHIP ELIGIBILITY CRITERIA AND SELECTION PROCESS



ELIGIBILITY Criteria:

- Student must be an INLIVIAN (formerly Charlotte Housing Authority) youth on a current lease. Family must receive rental assistance through INLIVIAN.
- Student must exhibit strong academics and school attendance
 - Must be performing at or above grade level
 - No more than 10 unexcused absences

APPLICATION PROCEDURE:

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

- Complete application form
- Complete Academic Verification form or attach a copy of your most recent report card
- Submit application to: soulofachampion@cha-nc.org or drop off or mail to **400 East Boulevard, Charlotte NC 28203** to the Attention of: Client Services.

SELECTION CRITERIA*

The scholarship committee will consider the following when selecting recipients:

- Current INLIVIAN youth 5-18
- Currently enrolled in school, exhibit strong academics
- Good School attendance (low absence)
- Cooperative — works easily with other students, teachers and or coaches
- Team player

SCHOLARSHIP FUNDING:

Maximum scholarship \$400.00

If you have questions, please contact Client Services at 704-336-5317 or email soulofachampion@cha-nc.org

APPLICATION



CONTACT: CLIENT SERVICES 704-336-5317 soulofachampion@cha-nc.org

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name 1

Address 1

Contact Number 1

E-mail 1

Parent/Guardian Name 2 or Emergency Contact

Contact Number 2

Program: Housing Choice Voucher (HCV) Site-Based

Community Name (if site based)

STUDENT INFORMATION

Student's First Name

Student's Middle Name

Student's Last Name

Permanent Street Address

City

State

Zip

Student's E-mail

Telephone Number (Cell/Other)

Date of Birth

Age

SPORTS PROGRAM INFORMATION

Program/Organization Name

Program Type (sport)

Contact Name(s) for Program

Program Start Date

Contact Number(s) for Program

Fees/Cost

SCHOOL INFORMATION

Current School Enrolled

Grade Level

GPA-Middle/High School

ACADEMICS



MUST BE COMPLETED BY SCHOOL COUNSELOR

HIGH SCHOOL STUDENTS:

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|--|
| ACADEMIC VERIFICATION (Must be completed by school counselor) |
| COUNSELOR NAME: _____ |
| NAME OF SCHOOL: _____ |
| PHONE: _____ |
| EMAIL: _____ |
| STUDENT NAME: _____ |
| GRADE LEVEL: _____ |
| Current Grade Point Average (GPA): _____ (out of 4.0 scale) <i>(Not applicable for elementary students)</i> |

ELEMENTARY & MIDDLE SCHOOL STUDENTS:

| |
|---|
| ACADEMIC VERIFICATION (Must be completed by school counselor) |
| COUNSELOR NAME: _____ |
| NAME OF SCHOOL: _____ |
| PHONE: _____ |
| EMAIL: _____ |
| STUDENT NAME: _____ |
| GRADE LEVEL: _____ |
| OVERALL ACADEMIC PERFORMANCE: (Please Circle) |
| <i>Below Grade Level</i> <i>At Grade Level</i> <i>Above Grade Level</i> |

ATTENDANCE:

NUMBER OF UNEXCUSED ABSENCES: _____

NUMBER OF TARDIES: _____

Please submit this form with your application.
If you have questions, please contact Client Services at 704-336-5317 or email soulofachampion@cha-nc.org