

Completed by Student

Type or Print Legibly  
 (blue or black ink only)

Incomplete Applications Will Be Rejected

Mr./Ms.: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

*\*This e-mail address will be the one used to notify you by June 2017. Be sure to print legibly.*

**Eligibility/Work History** My eligibility to apply for this scholarship is based on the employment of:

Parent or guardian (**Complete A only**)    Myself (**Complete B only**)    Both: Parent & Myself (**Complete Both A & B**)

**\*\*PLEASE NOTE: IF YOU AND/OR YOUR PARENTS WORK IN THE GROCERY INDUSTRY, PLEASE APPLY FOR THE CFIC SCHOLARSHIP INSTEAD\*\***

**A. Parent or Guardian Employment Information:**

Parent Name: \_\_\_\_\_

Name of NCRMA member company that parent works for:  
 \_\_\_\_\_

Company is located in: City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone #: \_\_\_\_\_

Employment began at this company on: \_\_\_\_\_  
*(Must be employed at least one-year as of 1/1/17)*

**B. Student Employment Information:**

Student Name: \_\_\_\_\_

Name of NCRMA member company that student works for:  
 \_\_\_\_\_

Company is located in: City: \_\_\_\_\_ State: \_\_\_\_\_

Company Phone #: \_\_\_\_\_

Employment began at this company on: \_\_\_\_\_  
*(Must be employed at least six-months as of 1/1/17)*

Average number of hours student works per week: \_\_\_\_\_

**Completed by Student** *(List additional information on a separate sheet of paper.)*

Describe any additional part-time jobs you have held during the school years. **Include average weekly hours worked.**

\_\_\_\_\_

\_\_\_\_\_

Describe how you were involved in high school activities such as class or school offices, band or orchestra, athletics, dramatics, debate or oratory, school publications, pep club, etc. In the right-hand column, designate by number, the high school year in which you participated in each activity as follows: 1-Freshman 2-Sophomore 3-Junior 4-Senior.

Activity	Position Held	Hours per Week	Year of Participation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RCA Office Use Only: Date Application Received: _____	Date Official Transcript Received: _____
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\_\_\_\_\_

Last Name, First Name

*(List any additional information on a separate sheet.)*

Describe your involvement in community service or activities outside of school, such as Boy or Girl Scouts, 4-H Club, recreational or club sports, church organizations, volunteering etc.

Activity	Year(s) of Participation	Activity	Year(s) of Participation

List any special recognition have you received for outstanding schoolwork, extra-curriculars or community service, such as honors, prizes or scholarships.

Recognition	Year Received	Recognition	Year Received

In the 2017 Fall Semester, I plan to attend \_\_\_\_\_ with a major in \_\_\_\_\_  
College, University or Vocational Tech School

List all schools attended from 9<sup>th</sup>-12<sup>th</sup> grades.

Name of High School	City and State	Attendance Dates

**Required Essay**

On a separate sheet of paper, please write an essay on what the retail industry contributes to North Carolina. The essay must be a minimum 250 words, maximum 500, typewritten in Times New Roman, 12 point type.

\_\_\_\_\_  
 Last Name, First Name

**Student's Release of Records**

To comply with the provisions of the *Family Educational Rights and Privacy Act of 1974*, permission is hereby given to school officials to release the secondary school record and other requested information for consideration in this scholarship program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

*\*This e-mail address will be the one used to notify you by June 2017. Be sure to print legibly.*

I certify that all of the information contained in this application is correct to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed by Guidance Counselor**

Enclosed is a copy of the student's fall 2016 transcript and SAT or ACT scores (if applicable).

Completed the information on right.

Signed certification statement below.

Mailed to: RCA, PO Box 1030, Raleigh, NC 27602.

*I certify that all the information on this form is accurate and that the student's records have been included with the 3-page application.*

Counselor's Signature \_\_\_\_\_

Counselor's Name (PRINT) \_\_\_\_\_

Counselor's Office Phone Number: \_\_\_\_\_

Counselor's E-mail Address: \_\_\_\_\_

<b>High School Type:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Special or Magnet <input type="checkbox"/> Home School	
GPA <i>unweighted</i> <i>(do <b>not</b> list weighted)</i>	
SAT Critical Reading Scores <i>(not %)</i>	
SAT Math Scores <i>(not %)</i>	
SAT Writing Scores <i>(not %)</i>	
ACT Scores <i>(comp)</i>	

**Check Box for Student to Ensure Accurate Completion**

Completed and signed student section of application in its entirety. Incomplete applications will be rejected.

Delivered page 3 of application to Guidance Counselor prior to March 6, 2017 for counselor to complete.

You will be enrolled in college as a full-time student for the 2017 fall semester.

Completed essay.

Mailed completed application and official transcript to RCA.

Mail application and official transcript to:

**RCA, Attn: Scholarship**  
**PO Box 1030, Raleigh, NC 27602**

Postmarked by:  
**March 20, 2017**