

Debbie Antshel Memorial Scholarship

BACKGROUND

Debbie Antshel was a longtime public advocate with a passion for serving her community. In addition to volunteering in the community and serving on countless community boards, she worked tirelessly for several institutions in Mecklenburg County, including Central Piedmont Community College (CPC), the University of North Carolina at Charlotte, Charlotte-Mecklenburg Schools (CMS) and the City of Charlotte. Debbie brought out the best in those she served, most significantly through increased access to education. She believed that a sharp mind and soft heart could bring positive change at the personal and societal levels.



A few of her notable professional accomplishments include:

- Implemented a CPC high school equivalency degree program to empower students by focusing on self-esteem, personal responsibility, and community engagement.
- Launched programs through the City of Charlotte to match mentors with at-risk youth and bring computer access to neighborhoods in need.
- Developed partnerships and implemented processes to cultivate thousands of individual and corporate volunteers for CMS.
- Helped establish the CMS Foundation to support CMS; the first nonprofit of its kind in NC.

The Debbie Antshel Memorial Scholarship was established to honor her legacy by helping graduating seniors dedicated to public service continue their education at CPC and leverage their knowledge, skills and passions to positively impact their community.

SCHOLARSHIP AWARD

The Debbie Antshel Memorial Scholarship covers full tuition and fees for the recipient's first year at CPC. All scholarships will be paid directly for CPC and will be designated for tuition and fees.

ELIGIBILITY

Eligible applicants for the Debbie Antshel Memorial Scholarship must:

- Be a graduating senior from Charlotte-Mecklenburg Schools
- Plan to enroll at CPC during the semester after graduation and major in one of the areas of study outlined in the "Intended Major/Area of Study" section of the application
- Have demonstrated commitment to community service and improving the lives of others
- Demonstrate financial need to continue education

DEADLINE & SUBMISSION

Completed applications must be received by March 26, 2018. Applications should be sent to:

CMS Foundation
ATTN: Debbie Antshel Memorial Scholarship
4421 Stuart Andrew Boulevard, Suite 100
Charlotte, NC 28217

Debbie Antshel Memorial Scholarship

Please review the scholarship guidelines and applicant eligibility requirements before completing this application. All sections of the application are required unless otherwise noted. In addition to completing this application form, your application submission must include an official high school transcript, SAT or ACT scores (if available) and 2 recommendation letters.

PERSONAL INFORMATION

NAME:		
EMAIL:	PRIMARY PHONE:	
STREET ADDRESS:		
CITY:	STATE:	ZIP:
RACE/ETHNICITY:		
PARENT/GUARDIAN NAME:	RELATIONSHIP:	
PARENT/GUARDIAN NAME:	RELATIONSHIP:	

SCHOOL INFORMATION

SCHOOL:	ANTICIPATED GRADUATION:
WEIGHTED CUMULATIVE GPA:	SCALE:
UNWEIGHTED CUMULATIVE GPA:	SCALE:

INTENDED MAJOR/AREA OF STUDY

Please select your intended major/program area of study. Applicants must plan to study one of the areas listed below at CPCC to be eligible for this scholarship.

<input type="checkbox"/> Basic Law Enforcement	<input type="checkbox"/> Dental Assisting / Dental Hygiene	<input type="checkbox"/> Early Childhood Education
<input type="checkbox"/> Emergency Medical Science	<input type="checkbox"/> Fire Protection Technology	<input type="checkbox"/> Human Services Technology
<input type="checkbox"/> Interpreter Education	<input type="checkbox"/> Medical Assisting	<input type="checkbox"/> Nursing / Nurse Aide
<input type="checkbox"/> Occupational Therapy Assistant	<input type="checkbox"/> Ophthalmic Medical Assistant	<input type="checkbox"/> Physical Therapy Assistant
<input type="checkbox"/> Respiratory Therapy	<input type="checkbox"/> School-Age Care	<input type="checkbox"/> Speech Language Pathology

SCHOOL INVOLVEMENT

Please list school extracurricular activities in which you have participated.

ACTIVITY	GRADES PARTICIPATED	ROLE
<i>e.g., Student Council</i>	<i>11, 12</i>	<i>Vice President</i>

COMMUNITY INVOLVEMENT

Please list your community involvement. This may include paid and/or volunteer activities.

ORGANIZATION/ACTIVITY	YEARS PARTICIPATED	ROLE
<i>e.g., Community Church</i>	<i>2016-Present</i>	<i>Youth Leader</i>

HONORS & AWARDS

Please list any school or community honors and/or awards you have received.

HONOR/AWARD	ORGANIZATION	YEAR RECEIVED
<i>e.g., Outstanding Mentor</i>	<i>Community Mentors, Inc.</i>	<i>2017</i>

PERSONAL STATEMENTS

Please limit your responses to the following questions to 250 words.

What is the biggest issue you see in your community and how have you tried to address it?

What are your career aspirations? Who or what has inspired your interest in this area?

FINANCIAL NEED

Please indicate your household's total annual income:

- | | | |
|---|--|--|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$20,000-\$39,999 | <input type="checkbox"/> \$40,000-\$59,999 |
| <input type="checkbox"/> \$60,000-\$79,999 | <input type="checkbox"/> \$80,000-\$99,999 | <input type="checkbox"/> More than \$100,000 |

Please briefly describe your financial need for this scholarship.

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ADDITIONAL MATERIALS REQUIRED

To complete your application, please include the following with the information provided above:

<input type="checkbox"/>	An official copy of your high school transcript
<input type="checkbox"/>	A copy of your SAT or ACT scores (if available)
<input type="checkbox"/>	Two sealed recommendation letters. Your references should fill out the form provided to include with their recommendation letter and returned to you in a sealed envelope with their signature across the flap.

APPLICATION VERIFICATION & INFORMATION RELEASE

Please insert your initials beside each statement to acknowledge acceptance/consent.

	I certify that the information provided in this application is, to the best of my knowledge, complete and accurate. I understand that any falsified information may disqualify me from receiving this scholarship award.
	I understand that this scholarship award is intended for tuition and fees at Central Piedmont Community College in pursuit of a degree/certification in one of the majors/areas of study outlined in this application.
	If awarded this scholarship, I give CPCC permission to release any information necessary to process or maintain my scholarship to the Debbie Antshel Memorial Scholarship Committee.
	If awarded this scholarship, I give the Debbie Antshel Memorial Scholarship Committee permission to use information provided in this application for public recognition and promotion of the scholarship.

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SCHOLARSHIP RECOMMENDATION FORM

APPLICANT NAME:
SCHOOL:

The student identified above is applying for the Debbie Antshel Memorial Scholarship. This scholarship was established to honor the legacy of Debbie Antshel, a dedicated public servant to the Charlotte-Mecklenburg community, by helping graduating seniors dedicated to improving their community through public service continue their education at CPCC to leverage their knowledge, skills and passions to positively impact their community.

The scholarship committee would like your help assessing this applicant for the scholarship. Students will be selected based on academic performance, school and/or community involvement and financial need. Please complete and sign this form and include it with your recommendation letter. Return to the student in a sealed envelope with your signature across the flap so that s/he may include it with the additional scholarship application materials.

Completed applications must be received by March 26, 2018. For questions or additional information, contact Phyllis Crutch at phyllis.crutch@cms.k12.nc.us or (980) 343-6618. Thank you in advance for your assistance.

YOUR NAME:	
EMAIL:	PRIMARY PHONE:
RELATIONSHIP TO APPLICANT:	
HOW LONG YOU HAVE KNOWN THE APPLICANT:	

SIGNATURE _____

DATE _____