



**ATTENTION SENIORS**

**YOU MAY QUALIFY  
FOR THE  
BOB R. MCGUIRE  
MEMORIAL SCHOLARSHIP  
OR THE  
NORTH CAROLINA CHILD SUPPORT COUNCIL  
SCHOLARSHIP**

**PLEASE CONTACT  
YOUR GUIDANCE COUNSELOR  
FOR MORE INFORMATION**

**DEADLINE: April 5, 2024**

[www.nccscouncil.org](http://www.nccscouncil.org)

**North Carolina Child Support Council Scholarship**

**Amount \$1,500**

## CHILD SUPPORT SCHOLARSHIP CRITERIA

1. At least one Parent must be a member of the North Carolina Child Support Council or a Client of the Child Support Program (either through IVD services or AOC Clerk of Court services).
2. The applicant must be a resident of North Carolina and a graduating high school Senior.
3. Applicant must have been accepted to a school of higher learning. Specifically, a College, University, Technical or Trade Institute. **Applicants need to attach a copy of an acceptance letter. Payment of scholarship will only be made to a school of higher learning.**
4. Applicant must have maintained a 2.5 unweighted GPA or above during his/her high school career.
5. Applications must be mailed to one of the following committee members:  
  
Lewis D. Jackson, Jr  
c/o Wake County Child Support  
PO Box 550  
Raleigh, NC 27602  
  
Alyssa Harrell  
c/o New Hanover County Child Support  
3309 Jaeckle Drive  
Suite 120  
Wilmington, NC 28403
6. Applications must be postmarked no later than April 5, 2024. Final decisions will be made no later than May 1, 2024, and will be awarded at the N. C. Child Support Conference.
7. — The Scholarship will be awarded for the **first year only**. Recipient must send proof of enrollment to NCCSC, Attention: Treasurer, PO Box 20421, Raleigh, NC, 27619. Money will go directly to the school of higher learning.
8. For the purposes of the scholarship selection, the State will be divided into three regions. The Chairs of the State Scholarship Committee will appoint regional Committee members to advertise the scholarship and screen applications from their regions. They will then return applications to the State Scholarship Committee for final review and selection.
9. Return completed application to the Scholarship Committee.



**North Carolina Child Support Council**

**PO Box 20421**

**Raleigh, NC 27619**

**[www.nccscouncil.org](http://www.nccscouncil.org)**

**2024 Application**

**North Carolina Child Support Council Scholarship**

**Amount \$1,500.00**

***(Please print or type. All Blanks Must Be Completed.)***

1. Name: \_\_\_\_\_ SSN (Last Four): XXX-XX-\_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. County: \_\_\_\_\_ Telephone #: \_\_\_\_\_
4. High School Grade Level: \_\_\_\_\_ Class Size: \_\_\_\_\_ Your Rank: \_\_\_\_\_
5. Name of Parent(s)/Guardian: \_\_\_\_\_
6. Does your parent/caretaker have an order for child support that is through the Child Support Office or the Clerk of Court Office? Yes ☐ No ☐
7. Is your parent/guardian a NC Child Support Council Member? Yes ☐ No ☐
8. Are you currently employed? Yes ☐ No ☐  
If yes, Employer/Type of Business: \_\_\_\_\_  
How long have you been employed? \_\_\_\_\_  
Employer Telephone #: \_\_\_\_\_
9. Have you been accepted at a University, College, Community College, Technical or Trade School? Yes ☐ No ☐  
If so, which one? \_\_\_\_\_
10. What will be your major or course of study at the University, College, Community College, Technical or Trade School? \_\_\_\_\_
11. Extracurricular school and honor activities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Special community recognitions: (do not include your high school activities)

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13. Please attach an additional **typed** page to answer, in **250** words or less, the following question:

**In the age of technology and social media, how are you engaging in human interaction while connecting in your community?**

Attach the following three items to your completed application:

- **High School transcript**
- **Two letters of recommendation (One of these letters must be from a current or former teacher.)**
- **Copy of acceptance letter from college**
- **Essay word count**

I hereby certify that the information contained herein is true and correct to the best of my knowledge. I further authorize the release of any information from any organization, agency, company, or institution where necessary for verification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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- This scholarship is offered to anyone meeting the attached criteria.
- All applications will be considered regardless of race, sex or religion.
- The applicant's privacy will be protected.
- This scholarship is offered for the first year **ONLY** and will be paid at the beginning of the year.