



January 7, 2025

TO: All NC Executive Directors/Resident Initiatives Coordinators  
FROM: Dawn Whitfield, North Carolina CCHRCO Scholarship Committee Chairperson  
SUBJECT: **2025 CCHRCO Scholarship Packet**

The Scholarship Committee is pleased to forward to everyone the guidelines and application for the 2025 year. This year we will be awarding the following scholarships:

This program is help funded by:

*Triangle Community Foundation Endowment Fund*

- Five CCHRCO scholarships for \$1,000 per year for one year.

This program is help funded by:

*Southeast Regional Council (SERC) of the National Association of Housing & Redevelopment Officials (NAHRO)*

- One SERC scholarship for \$1,000 per year for one year.
- One SERC scholarship for \$1,500 per year for one year.

Please be sure to read all the guidelines and instructions carefully and submit only complete applications. All supporting documents must be submitted with the application in order to be considered. Also, please do not forget your letter of sponsorship for the applicants.

Applications AND supporting documents must be received at the following address:  
**Dawn Whitfield, Kinston Housing Authority, P. O. Box 697, Kinston, NC 28502.**

**No later than COB Thursday, May 8, 2025. NO FAXED OR EMAILED APPLICATIONS WILL BE ACCEPTED. Please make sure you sign both signature pages. (One for CCHRCO and one for submission with NAHRO if you qualify)**

If you have any questions, please do not hesitate to call me at: (252) 523-7291 or email me at [dwhitfield@khanc.org](mailto:dwhitfield@khanc.org).

## *General Conditions*

1. In order to qualify for payment of the scholarship, the applicant must enroll in a one, two or more year course at a school of higher learning (college, university, trade school, nursing school, etc.) and the funds will be disbursed by that school. The funds may be used for tuition, books and/or room and board.
2. In the event the winner is not accepted at the designated school, or an acceptable alternate, or does not remain in school to utilize the full scholarship or part thereof, it or the remaining portion will be offered to the first runner-up and succeed down the line.

## *General Requirements*

1. All required information shall be submitted in original with one (1) copy.
2. All required information may be handwritten or typed.
3. The following information material is **required**:
  - a. **Letter of character recommendation.** Recommendations from the community or religious organization, employer or academic reference. Letters of recommendation may not come from family members.
  - b. **One letter** from the sponsoring Housing Authority outlining their reasons for selecting the applicant to compete for a scholarship.
  - c. **An unofficial transcript from high school and/or the academic institution the applicant is currently attending.**
  - d. **Acceptance Letter** from college, university, attending.
  - e. An essay containing a minimum of 750 and a maximum of 1,000 words to answer the following questions: (1) Where do you see yourself in the next four years and how will this scholarship help you to achieve those goals? (2) What are you doing now to achieve those goals? If you have any unusual circumstances that you would like the scholarship committee to consider, please include them in your essay.
  - f. **One photograph of the applicant** (suitable for publication) **NO PHOTOCOPIES**

# Scholarship Program Guidelines

## 1. Purpose and Scope

It is intended that these guidelines cover the operation of the Carolinas Council Scholarship program. It is through this program that the Carolinas Council shall make available scholarship funding for the purpose of supporting and fostering the educational pursuits of deserving residents of assisted housing being administered or managed by a Public Housing Authority. It is recognized that this endeavor directly supports the shared objective of enhancing the mobility and improvement of residents of assisted housing.

## 2. Funding Amounts

Annual funding for the Scholarship Program shall be established by the two scholarship committees through the Carolinas Council budget process. The Scholarship Committees shall seek additional and alternative sources of funding with the approval of the Executive Committee.

## 3. State Eligibility

**Each dues paid** Public Housing Authority shall be eligible for participation in the scholarship program provided the Public Housing Authority indicates its willingness to adhere to adopted program guidelines.

## 4. Student Eligibility

It is the intent of the Scholarship Program to serve publicly assisted housing residents through member Public Housing Authorities. An eligible recipient must be an immediate member of a family who has resided in publicly assisted housing **for a minimum of one uninterrupted year**. The recipient must have occupied the home during this period.

## 5. Recipient Selection

The following will be accomplished at a minimum by the Carolinas Council:

- a. Fully promote the availability of the program;
- b. Establish a system of administration which uses a group/individual designated as a state level scholarship committee,
- c. Judges candidates on the basis of academic achievement **GPA of 2.5 or higher**, extracurricular activities, need, and education/career goals;
- d. Does not discriminate in any way based on race, sex, age, or other factors not relevant to the basic program objectives.

6. **Funding Method, Reporting and Maintenance of Eligibility**

- a. Carolinas Council funding shall be utilized to provide annual support for selected students.
- b. In order to maintain eligibility, a recipient must maintain a passing grade acceptable to the university, college, vocational/technical or business school in which the recipient is enrolled.
- c. Must be enrolled as a full time student and maintain full time accredited hours for the college/university.
- d. Only recognized, accredited institutions of higher education may be utilized.
- e. It is **suggested** that Public Housing Authorities encourage candidates to apply for scholarships.
- f. Each Scholarship Committee shall submit a Request for Scholarship Funding to the Secretary/Treasurer of the Carolinas Council. This shall normally be approximately 60 days prior to the commencement of Fall classes. The Scholarship Committee shall provide in this request a certification that a direct payment program through a named institution is or will be put in place (such arrangements are easily established with student financial aid offices).

7. **Naming a Scholarship in Honor or Memory**

When a person is nominated to and approved by the Board of Directors to be honored by naming a scholarship for him or her that it is for a one year, one time scholarship and that it is from the state the nominee is from. Any special presentation of this scholarship at the annual meeting will be coordinated on a case-by-case basis.

8. **Publicity**

Participating Public Housing Authorities shall agree to take appropriate steps to publicize the scholarship program at the local, state, and regional levels. Releases and progress reports should be provided to the SERCulator and the Cornerstone Newsletter.

## Requirements Checklist

- Information Form
- Unofficial Transcript or GED Certificate
- Educational History
- Acceptance Letter
- Honors and Awards (Please list award and date e.g. (MM/YYYY))
- Financial Requirement
- Two (2) Letters of Recommendation
- Essay
- Certification Signature pages- CCHRCO & NAHRO
- Photo of Applicant-**No Photo Copies of Pictures**. Must be a JPEG format or PDF form.
- PHA Membership Form-Completed by Housing Authority Staff
- Check Eligibility- Recipient must be an immediate member of a family who has resided in publicly assisted housing for a **minimum of one uninterrupted year**. The recipient must have occupied the home during this period

# Information Form

APPLICANT'S NAME: \_\_\_\_\_  
Enter Full Name

LOCAL ADDRESS: \_\_\_\_\_  
(NUMBER & STREET) (CITY) (STATE/ZIP)

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM/DD/YYYY

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

Which housing and or community development agency are you affiliated with? \_\_\_\_\_  
Housing Development Agency

Date of move in: \_\_\_\_\_ Number of years residing: \_\_\_\_\_  
\*REMEMBER MUST BE LIVING IN UNIT FOR A MINIMUM OF ONE (1) UNINTERRUPTED YEAR

## EDUCATION HISTORY (Check one)

High School Graduate/GED Recipient  High School Senior

SCHOOLS ATTENDED / DATES ATTENDED/ FINAL GPA/ CREDITS COMPLETED / DEGREES  
RECEIVED: \_\_\_\_\_

## 2025-2026 EDUCATION PLANS

What college, university, vocational, or post-secondary school do you plan to attend/ are attending in 2024-2025

Name: \_\_\_\_\_ City & State: \_\_\_\_\_  
College/University/School Name

ENROLLMENT STATUS: **Attach acceptance letter** **Must be enrolled fulltime**

Plan to apply

Applied but not yet accepted

Applied and accepted

Anticipated major or vocational goal: \_\_\_\_\_

Average length of program (2 years/4 years, etc.): \_\_\_\_\_

Estimated cost for entire 2025-2026 school year (include tuition, student fees, books, and school supplies only)  
\$ \_\_\_\_\_

**HONORS, AWARDS, & COMMUNITY/SCHOOL ACTIVITIES**

Please list all honors or awards received and any community/school activities in which you have actively participated within the past 5 years (Attach extra sheet if needed).

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**FINANCIAL REQUIREMENT**

Please provide a statement of estimated cost of education for 2025-2026. **Attach estimated cost**

**LETTERS OF RECOMMENDATION**

Please attach two letters of recommendation from **non-relatives**. **Eligible recommendation-writers must include a representative from the local housing authority and one of the following: community organization, an employer or a school professional such as a teacher or a guidance counselor. No recommendations from family members will be considered.**

List the contact information for these people below. Please include their name, address, phone number, and relationship to you, and length of time you have known them.

Reference One

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Length of Time Known \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Reference Two

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Length of Time Known \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**ESSAY**

Please write an essay using 750 – 1,000 words to answer the following questions:

- Where do you see yourself in the next four years and how will this scholarship help you to achieve those goals?
- What are you doing now to achieve those goals?

If you have any unusual circumstances that you would like the scholarship committee to consider, please include them in your essay.

**SIGNATURE**

BY MY SIGNATURE, I AGREE TO THE FOLLOWING:

- That the information I have given is true to the best of my knowledge.
- To maintain satisfactory educational progress.
- To keep CCHRCO informed of any changes in schools or enrollment status.
- To provide, or respond to CCHRCO requests for, periodic updates on academic progress for the duration of the candidate's receipt of 2025-2026 scholarship funds.
- To consent to the use of my profile, progress, and testimonial, by CCHRCO and its subsidiaries, for marketing and fundraising purposes.
- To authorize the office of financial aid to release my grades and pertinent information to CCHRCO.
- To authorize the release of my contact information to contractor for the college program (if funded).

\_\_\_\_\_

*Applicant Signature*

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

MM/DD/YYYY



**SIGNATURE**

BY MY SIGNATURE, I AGREE TO THE FOLLOWING:

- That the information I have given is true to the best of my knowledge.
- To maintain satisfactory educational progress.
- To keep NAHRO informed of any changes in schools or enrollment status.
- To provide, or respond to NAHRO requests for, periodic updates on academic progress for the duration of the candidate’s receipt of 2025-2026 scholarship funds.
- To consent to the use of my profile, progress, and testimonial, by NAHRO and its subsidiaries, for marketing and fundraising purposes.
- To authorize the office of financial aid to release my grades and pertinent information to NAHRO.
- To authorize the release of my contact information to contractor for the college program (if funded).

\_\_\_\_\_  
*Applicant Signature*

Date: \_\_\_\_\_  
MM/DD/YYYY

## **Form to be completed by Housing Authority**

Date: \_\_\_\_\_  
MM/DD/YYYY

Housing Authority of \_\_\_\_\_

Is the Housing Authority a member of CCHRCO?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Is the Housing Authority a member of SERC-NAHRO

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Is the Housing Authority a member of NAHRO

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Housing Authority must be a member of the organization for the applicant to be considered for a scholarship from that organization.

Name of person completing form: \_\_\_\_\_

Contact number for person completing form: ( \_\_\_\_\_ ) \_\_\_\_\_