

**Mecklenburg Scholarship Association**  
**Darlene Antionette Heble Scholarship**  
(Trust Fund Established for Mecklenburg County, VA Students)

**Scholarship Mission Statement:**

To help deserving **Mecklenburg County** students who are of **good character** and who are in **need of financial assistance** to defray the cost of **tuition and mandatory fees** to achieve their educational goals at a four-year university or college.

**Application Postmarked/Deadline Date: Saturday, April 15, 2023.**

No exceptions to the deadline date! Applications received or postmarked after the deadline date will not be reviewed by the Selection Committee and the applicant will be ineligible for an award. Applications received prior to the deadline date will be processed in the order received.

High school guidance counselors/college registrars are not responsible for mailing applications.

**Completed applications are to be mailed to:**

**Dottie Dean Bratton, President**  
**Mecklenburg Scholarship Association**  
**912 West Sycamore Street**  
**Chase City, Virginia 23924**

This scholarship is valid for the 2023-2024 academic school year. Although the Mecklenburg Scholarship Association administers three separate scholarship programs (Pritchett, Carter Medical and Heble), only one scholarship per applicant will be awarded. Therefore, applicants are encouraged to select the one scholarship program that best describes their eligibility. Applicants are to use only the updated 2023-2024 version of the application found in the high school guidance office, online on all of Mecklenburg County towns' websites with further information regarding the scholarships found in all local newspapers. Additional help or questions can also be submitted to [dottie.bratton@gmail.com](mailto:dottie.bratton@gmail.com).

## Selection Committee's Guidelines for Awarding Scholarships

### READ CAREFULLY

1. Completed applications must be postmarked no later than April 15th or in the possession of the President of the Mecklenburg Scholarship Association. **Applications received after this date will not be reviewed by the Selection Committee and the applicant will be ineligible for an award.**
2. If a question on the application is left unanswered or if a page is deleted from the application, the applicant will be ineligible for a scholarship if no explanation is given for the omission.
3. If applicants do not include a letter of acceptance to their chosen college or university and an official, sealed transcript from their college Registrar's Office or high school Guidance Counselor's Office, the application will be eliminated from consideration. A computer generated printout of grades by the applicant is unacceptable.
4. The applicant's home mailing address is required to determine residency within Mecklenburg County, VA, and thus, to determine the eligibility of the applicant.
5. A student holding a part-time job will be considered as a positive factor in determining scholarship awards.
6. Applicants with parents who earn higher incomes will be considered on a limited basis.
7. Since this scholarship is based on a student's character, the Selection Committee requires trustworthy and truthful information on the application from the applicant. The applicant's signature is required under the pledge along with the date the applicant signed the pledge.
8. Scholarship awards are non-transferable from one college to another college. If a student does not enroll in the school stated on the scholarship application, the scholarship award is forfeited.
9. Applicants who are applying or reapplying for a scholarship must seek letters of recommendation from individuals who have not written previous recommendations for the applicant. This includes a faculty member within the school the applicant is presently attending as well as the community representative. Letters are to be in sealed envelopes.
10. Doctoral and Master's degree applicants, students over the age of 26 years, and all scholarship amounts will be determined with consideration for the cost of tuition, mandatory fees, funding availability and the number of applications received.
11. The President of the Mecklenburg Scholarship Association does not participate in the selection of the scholarship recipients or vote for any candidate applying for either of the three scholarship programs MSA offers. (Pritchett, Carter Medical, Heble) Scholarship recipients are determined solely by the Selection Committee. However, additional help or questions can be submitted to [dottie.bratton@gmail.com](mailto:dottie.bratton@gmail.com).

# Dalene Antionette Heble Scholarship

## Student's Information

**Student's Legal Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Student Phone #:** \_\_\_\_\_

(The applicant will be contacted if there is a question that needs an explanation.)

**School Presently Attending:** \_\_\_\_\_

(Include an official, sealed Academic Transcript from the school.)

**Your College/University Choice:** \_\_\_\_\_

(Include a copy of your college or university acceptance letter.)

**Cost of tuition and mandatory fees for the school you will be attending:**

\_\_\_\_\_ (Do not include room and board, meal plans, or textbook/class expenses.)

**What is your desired course of study and your future plans?**

\_\_\_\_\_  
\_\_\_\_\_

### **Student Income and the Amount Earned/Received:**

Job/Employer: \_\_\_\_\_ Amount Earned: \_\_\_\_\_

Child Support: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Social Security Administration: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Department of Social Services: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Other Sources: \_\_\_\_\_ Amount Received: \_\_\_\_\_

If employed, does your employer contribute to your educational expenses? \_\_\_\_\_

If yes, what amount do you receive? \_\_\_\_\_

**Do you presently receive or have you applied or will you apply for financial aid?**

Presently receiving: \_\_\_\_\_ Amount awarded: \_\_\_\_\_

Will apply or have applied: \_\_\_\_\_ List title(s) of Financial Aid: \_\_\_\_\_

\_\_\_\_\_

**Letters of Recommendation:**

- 1. Professor/Teacher** who is associated with the school where the student is presently attending and who has not previously written a recommendation for the applicant.
- 2. Community representative** from a person who has not previously written a recommendation for the applicant.

**Parents’/Guardians’ Information**

**Applicant:** If you are financially independent of your parents/guardians, give an explanation on the back of this sheet. Financially independent means that your parents/guardians do not financially support you with any of your daily expenses such as rent, food, clothing, educational expenses, transportation, etc.)

**Marital Status:** Single\_\_\_\_ Married\_\_\_\_ Separated\_\_\_\_ Divorced\_\_\_\_ Widowed\_\_\_\_  
**Number of dependents claimed on your most current tax return:** \_\_\_\_\_  
**Number of children presently enrolled in college:** \_\_\_\_\_

**Father’s/Legal Guardian’s Name:** \_\_\_\_\_  
**Place of Employment:** \_\_\_\_\_

**Adjusted Gross Income on your most current tax return:** \_\_\_\_\_  
(AGI is located on: Line 37/Form 1040; Line 21/Form 1040A; Line 4/Form 1040EZ; No return filed)

**Other Sources of Income and Amount Earned/Received:**  
Part-time Job: Amount Earned: \_\_\_\_\_  
Social Security Administration: Amount Received: \_\_\_\_\_  
Department of Social Services: Amount Received: \_\_\_\_\_  
Retirement Benefits: Amount Received: \_\_\_\_\_  
Other: (Unemployment benefits, Rental property income, Farm subsidies, etc.) \_\_\_\_\_

**Mother’s/Legal Guardian’s Name:** \_\_\_\_\_  
**Place of Employment:** \_\_\_\_\_

**Adjusted Gross Income on your most current tax return:** \_\_\_\_\_  
(AGI is located on: Line 37/Form 1040; Line 21/Form 1040A; Line 4/Form 1040EZ; No return filed)

**Other Sources of Income and the Amount Earned/Received:**  
Part-time Job: Amount Received: \_\_\_\_\_  
Social Security Administration: Amount Received: \_\_\_\_\_  
Department of Social Services: Amount Received: \_\_\_\_\_  
Retirement Benefits: Amount Received: \_\_\_\_\_  
Other Income: (Unemployment benefits, Rental property income, Farm subsidies, etc.) \_\_\_\_\_

**Total Family Income:** \_\_\_\_\_

**Pledge: (Parent's signature is required from high school applicants, optional parental signature for college students)**

**The information given on this application is trustworthy and truthful to the best of my knowledge.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

If awarded a scholarship, the monetary amount of your scholarship will be sent directly to the college of your choice as stated on this application. It is the intention of the Mecklenburg Scholarship Association that your scholarship award will be credited on your tuition statement prior to you receiving it for the upcoming school year. Therefore, the following information is needed to verify the correct distribution of your funds.

**This information can be found on your acceptance letter, in additional mailings from your college and/or on the website of your college. Your monetary scholarship amount will be divided with half of the amount for the Fall Semester and the other half of the amount for the Spring Semester.**

Your college student ID number: \_\_\_\_\_

The college Registrar's name: \_\_\_\_\_

The Registrar's Office address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Student Checklist for a Completed Application**

- \_\_\_\_ A copy of your acceptance letter.
- \_\_\_\_ An official, sealed transcript from your guidance counselor or college registrar's office.
- \_\_\_\_ Two letters of recommendation. (teacher/professor and community representative)
- \_\_\_\_ Application mailed in a timely manner to ensure delivery by the deadline date.

**Applicants will be notified only if awarded a scholarship.**

You can apply for a scholarship from the MSA every year you are enrolled in school seeking any degree. Updated and revised applications will be available in January of each school year.