# DOTTIE NAGLE SCHOLARSHIP
## Sponsored by Carolinas Roofing Association

## PROGRAM CRITERIA & APPLICATION

### THE PROGRAM
The Carolinas Roofing Association presents the Dottie Nagle Scholarship Program. This program is available to assist employees of Carolinas Roofing Association contractor and supplier members. Employees and their families who plan to pursue post-secondary education in college and vocational programs are eligible for merit-based scholarships. Scholarship recipients will receive funding for one year of full-time study at any accredited post-secondary institution of the student's choice.
The purpose of the Dottie Nagle Scholarship Program is to assist individuals seeking to further their education and pursue a career.
This scholarship program is administered by Carolinas Roofing Association. Awards are granted without regard to race, color, creed, religion, sexual orientation, gender, disability or national origin.

### NAMED SCHOLARSHIPS
We wish to thank the individuals and organizations who have made the Dottie Nagle Scholarship Program possible by participating in the Annual Golf Tournament, which enables Carolinas Roofing Association to award scholarships. Carolinas Roofing Association also accepts direct donations to the Dottie Nagle Scholarship Program; in which donations are fully tax deductible to the extent allowable by law.

### ELIGIBILITY
Applicants to the general Dottie Nagle Scholarship Program must be:

- Full-time employees of a Carolinas Roofing Association contractor or supplier member company or their dependent children* or spouses. Employees must have a minimum of one year of full-time employment with their companies as of the application deadline date, and the company must have been a member in good standing with Carolinas Roofing Association for a minimum of one-year, as of the application deadline date.

**Dependent children are defined as natural or legally adopted children, stepchildren or grandchildren who are declared as tax exemptions by the employee, parent or guardian.*

- High school seniors or graduates who plan to enroll or students who are already enrolled in a full-time undergraduate course of study at an accredited two- or four-year college, university or vocational-technical school for an **entire** academic year.

### AWARDS
Each recipient will receive a $2,500 award. Awards are non-renewable and recipients will not be eligible to receive an additional award.

### APPLICATION
Interested students must complete the three-page application and mail it with a current, complete official transcript to the Carolinas Roofing Association office postmarked **no later than Jan. 29, 2027**. Online transcripts are acceptable if the applicant's name, school name, grades, credit hours earned for each course and term in which each course was taken are printed. Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, questions must be answered as completely as possible. Incomplete applications will not be evaluated. All information received will be kept confidential.

### SELECTION OF RECIPIENTS
Scholarship recipients are selected based on academic record; potential to succeed; leadership and participation in school and community activities; honors; work experience; a statement of career goals and aspirations; and an outside appraisal. Scholarship recipients will be considered solely based on merit, not need. Financial need is not considered.
Final selection of recipients is made by selected individuals of the Carolinas Roofing Association Board Members. All applicants

agree to accept the decision of the Carolinas Roofing Association Board Members as final.
All applicants will be notified of the Carolinas Roofing Association Board Members decisions by June 1 each year. Not all applicants to the program will be selected as recipients. Students not awarded, may renew their scholarships for up to three years, provided they meet eligibility requirements and re-submit their application.
At least one award will be granted from the roofing contractor community and at least one from the roofing supplier community provided qualified applications are received.

## PAYMENT OF SCHOLARSHIPS

Scholarship America processes Alliance scholarship payments on behalf of the Carolinas Roofing Association Dottie Nagle Scholarship Program. Each year, payment is made in early August. Checks are mailed to each recipient's home address and made payable to the student's school.

## OBLIGATIONS

Students are required to supply Carolinas Roofing Association with complete transcripts and notify Carolinas Roofing Association of any changes of address, school enrollment or other relevant information.

## REVISIONS

The Carolinas Roofing Association reserves the right to review the conditions and procedures of the Dottie Nagle Scholarship Program and make changes at any time, including termination of the program.

## ADDITIONAL INFORMATION

Details and an application are available at www.carolinasroofing.org. Questions regarding the Dottie Nagle Scholarship Program can be addressed to:

Carolinas Roofing Association
Dottie Nagle Scholarship Program
PO Box 96930
Charlotte, NC 28296-6930
Telephone: (704) 909-0116
cbsims@crsmca.org

**(The completed application and current official transcript are to be mailed directly to Carolinas Roofing Association.)**

DOTTIE NAGLE SCHOLARSHIP
CAROLINAS ROOFING ASSOCIATION

**TYPE OR PRINT ALL INFORMATION EXCEPT FOR SIGNATURES**

If space provided in any section proves inadequate, information may be continued on additional sheets of paper using the same format and attached to the application. Do not repeat information already reported on the application form. **The application postmark deadline is Jan. 29, 2027.**

## 2027-28 Dottie Nagle Scholarship Program Application

| FOR CAROLINAS ROOFING | ID # | AA | PD | RIC/CS | GPA | SATCR | SATM | SATW | ACTC | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |

**APPLICANT DATA**

Last Name_____ First Name _____ Middle Initial _____

Permanent home mailing address _____

City/State/Zip _____

Date of birth Month _____ Day _____ Year _____ Telephone number (____)_____

E-mail _____

Please indicate your gender (for statistical purposes only) □ Male □ Female

**EMPLOYEE PARENT OR GUARDIAN INFORMATION**

Last Name_____ First Name _____ Middle Initial _____

Job title _____ Department _____

Employer _____ City _____ State _____ ZIP _____

□ Carolinas Roofing Association Contractor member □ Carolinas Roofing Association Associate member

Relationship to applicant _____ E-mail _____

Work telephone (____)_____

Is applicant a dependent, spouse, or family member of the CEO, President or owner of the Carolinas Roofing Association contractor or associate member company? □ yes □ no

Is the applicant a relative of a Carolinas Roofing Association Board Member? □ yes □ no A dependent of employee? □ yes □ no

**HIGH SCHOOL DATA**

School name _____ Graduation: Month _____ Year _____

City _____ State _____ Telephone number (____) _____

**POST-SECONDARY SCHOOL DATA**

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do <u>not</u> use abbreviations.**

_____ City _____ State _____

□ Four-year college or university □ Two-year community or junior college □ Vocational or technical school

_____ City _____ State _____

□ Four-year college or university □ Two-year community or junior college □ Vocational or technical school

Year in post-secondary program next school year 1 2 3 4 5

Major or course of study _____ Anticipated date of graduation_____
Month Year

Degree sought: □ Bachelor □ Associate □ Certification □ Other _____

*(continue on next page)*

**WORK EXPERIENCE**

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

| Employer/Position | Dates From Month/Year | Dates To Month/Year | Hours per Week | Amount Earned |
|---|---|---|---|---|
| | | | | |
| | | | | |

**ACTIVITIES, AWARDS AND HONORS**

List all activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether these were high school or college activities.**

| Activity | Number of Years Active | High School or College | Special Awards, Honors | Offices Held | Activity | Number of Year Active | High School or College | Special Awards, Honors | Offices Held |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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**GOALS AND ASPIRATIONS**

Make a statement of your plans as they relate to your educational and career objectives and long-term goals.

_____

_____

_____

_____

_____

**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

_____

_____

_____

_____

**APPLICANT APPRAISAL (REQUIRED)**

This section is to be completed by a high school or college counselor or adviser, instructor or work supervisor who knows you well. Appraiser: You have been asked to provide information in support of this application. Please give serious attention to the following statements. When complete, please return it to applicant. If you prefer, photocopy this section, and return it to applicant in a sealed envelope. **(A letter of reference does not replace this section.)**

| | | | | |
|---|---|---|---|---|
| The applicant's choice of a post-secondary educational program is | □ extremely appropriate | □ very appropriate | □ moderately appropriate | □ inappropriate |
| The applicant's achievements reflect his/her ability | □ extremely well | □ very well | □ moderately well | □ not well |

| | | | | |
|---|---|---|---|---|
| The applicant's ability to set realistic and attainable goals is | □ excellent | □ good | □ fair | □ poor |
| The quality of the applicant's commitment to school and/or community is | □ excellent | □ good | □ fair | □ poor |
| The applicant is able to seek, find and use learning resources | □ extremely well | □ very well | □ moderately well | □ not well |
| The applicant demonstrates curiosity and initiative | □ extremely well | □ very well | □ moderately well | □ not well |
| The applicant demonstrates good problem-solving skills, follows through and completes task | □ extremely well | □ very well | □ moderately well | □ not well |
| The applicant's respect for self and other is | □ excellent | □ good | □ fair | □ poor |

Comments _____

_____

Appraiser's name _____ Title _____ Telephone (____) _____

Signature _____ Organization _____ Date _____

**TRANSCRIPT INFORMATION**

A complete transcript of grades must be sent with this application. Grade reports are not acceptable.

1. **Students currently or previously enrolled in college or vocational school must** include all college or vocational or technical transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.
2. **High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

Applicant ranks ____

In a class of _____

| Cumulative Grade Point Average | SAT | | | ACT | | | | |
|---|---|---|---|---|---|---|---|---|
| Weighted: _____/4.0 scale | Critical Reading | Math | Writing | English | Math | Reading | Science | Composite |
| Unweighted: _____/4.0 scale | | | | | | | | |

School Official's Signature _____ Date _____ Title _____ Telephone (____) _____

School Official's Address Street _____ City _____ State _____ ZIP _____

**APPLICATION CHECKLIST**

The student is responsible for submitting materials on time. Incomplete applications will not be evaluated. This application for a scholarship becomes complete and valid only when all if the following materials are sent:

- Student application
- Current complete transcript(s) of grades

Send by postmark Jan. 30 to:
**Dottie Nagle Scholarship Program**
Carolinas Roofing Association
PO Box 96930
Charlotte, NC 28296-6930

**SELECTION OF RECIPIENT**

The Carolinas Roofing Association Board Member has the sole responsibility for selecting recipients, basing the decision on criteria as set forth in the program's descriptive brochure. Decisions of the Carolinas Roofing Association Board Members are final.

**CERTIFICATION**

I acknowledge the decisions of the Carolinas Roofing Association Board Members are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of the information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of Carolinas Roofing Association Dottie Nagle Scholarship Program.

Applicant's signature _____ Date _____

Employee's signature _____ Date _____

(Mail completed application and current complete official transcript directly to Carolinas Roofing Association Dottie Nagle Scholarship Program.)

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