## 2025 Mark Weir Student Scholarship Information

## All applicants must meet the following criteria:

- 1. Be a high school graduate or a senior graduating in 2025 or a non-traditional student (individual seeking a career change through additional training and degrees).
- 2. Plan to attend a community college.
- 3. Be a member, or the son, daughter or relative of a current member of DIFF.
- 4. Submit the following, electronically to <a href="mailto:rglamber@uncc.edu">rglamber@uncc.edu</a> or by US mail postmarked no later than **March 15, 2025** to:

## Rich Lambert DIFF Scholarship Committee Chair 124 E. Lockman St. Fort Mill, SC 29715

- A completed Mark Weir Student Scholarship Application Form
- A complete high school transcript through December 2024 or
- A photocopy of high school degree
- Two letters of recommendation from:
  - > a teacher or guidance counselor if applicable
  - > a current DIFF member
- A typed personal statement expressing why you wish to attend this institution and why you are worthy of this scholarship (not to exceed one page)
- A high resolution, non-professional photograph of yourself suitable for print publication.

The recipient will be awarded a five hundred dollar (\$500) scholarship for the 2025 fall semester.

A check for the scholarship amount will be made out to both the recipient and his or her college or university.

## 2025 Mark Weir Student Scholarship Application

Name:				
	Last	First	Middle	Э
Address:	Street	City	State	Zip Code
		•		·
Home Phone: E-mail:				
Date of Birt	h:			
High Schoo	ol:			
School Add	lress:			
High School Counselor:Phone: ()				
What is your anticipated high school graduation date?				
			Month	Year
Name of reference:				
Funds are s	sought for attendand	ce at:		
Educational Institution  Presently I am:   accepted   awaiting acceptance				
•	•			
List other g	rant or scholarship	monies you have received: _		
major? Why	are you worthy of	s institution after graduating hathis scholarship? ( <u>Use a sepa</u> nts and wish to be considere	arate sheet of pap	per for your response.)
Applicant's Signature:			Date:	
Parent's Signature:			Date:	
Name of pa	arent or relative who	is a current DIFF member: _		
		_		relationship
	If unsure of cu	rent membership, contact Geneive	e Jones at <u>diffclub@d</u>	<u>outlook.com</u>