The 1994 General Assembly appropriated to the Board of Governors of the University of North Carolina eight hundred thousand dollars ($800,000) to be allocated equally among the 16 constituent institutions for the purpose of establishing a pilot program called the Legislative College Opportunity Program. Under this program each campus will receive $50,000 to recruit new students to enroll in college in future years who might not be able to attend college without incentives. However, these funds, which shall not revert and should be placed in trust fund accounts, are to be used at the time the student enrolls at your institution as a freshman.

At its meeting on October 13, 1994, the Committee on Education Planning, Policies, and Programs approved the basic guidelines for the program that will be followed by each campus. These guidelines are very similar to those established by five constituent institutions that began programs of this type in fall 1993. Note that certain responsibilities have been given pertinent participants in the program. It is extremely important that each fulfills its duties for operating the program.

Each institution must develop a recruitment program, prepare an application form for completion by both student and parents/guardians, choose a campus coordinator, define the required role of the parents/guardians in creating a supportive environment for the students, and secure activities that provide community service to be performed by the student.

Basic eligibility requirements have been approved by the committee and must be met. However, an institution may wish to include additional requirements that it deems appropriate to achieving the objectives of the program as written in Senate Bill 1505. Suggested regions of recruitment have been listed for institutions to use.

Each institution is asked to review the document and establish the program no later than January 5, 1995, and submit the name of the program coordinator and propose program to the Vice President for Student Services by January 18, 1995. Enclosed is an application form used by Fayetteville State University.

Each campus shall report annually to the President on the implementation of these guidelines. The chancellors will be expected to transmit their annual report covering the previous academic year to the UNC General Administration by April 30. The first report will be due by April 30, 1996, covering the Academic Year 95-96.
Fayetteville State University
Freshman Scholars Program Application

(PLEASE PRINT)

STUDENT INFORMATION

Name ________________________________
Social Security # ______ - _______ - _______ Sex _______
Home Address ______________________________________
(Street) ______________________________________________
(City) _______ (State) _______, (Zip Code) _____
Phone # _______ County _______ Date of Birth _______
Ethnic Group: B=Black; W=White; P=Pacific Islander/Asian;
I=American Indian/Alaskan Native; O=Other

School Currently Attending: ______________________________
Current Grade (1993-94): ________________________________

FAMILY INFORMATION

Father/Guardian: Name ________________________________
Address ______________________________________________
Occupation ___________________________________________
Social Security # _______________________________________
Education Background: Years Completed (Please Circle)
High School 1 2 3 4 College 1 2 3 4
High School Attended __________________________________
Diploma: Yes ☐ No ☐
College Attended ______________________________________
Degree: Yes ☐ No ☐

Mother/Guardian: Name ________________________________
Address ______________________________________________
Occupation ___________________________________________
Social Security # _______________________________________
Education Background: Years Completed (Please Circle)
High School 1 2 3 4 College 1 2 3 4
High School Attended __________________________________
Diploma: Yes ☐ No ☐
College Attended ______________________________________
Degree: Yes ☐ No ☐

ADDITIONAL INFORMATION

Total Family Income $ _________________________________

CERTIFICATION: The above information is true & complete to 
the best of my knowledge if asked by an authorized official, I agree to 
give proof of the above information. I understand that proof may 
include a copy of U.S. State or local income tax returns.

Student Signature/Date _________________________________
Parent/Guardian/Date _________________________________