One scholarship per college valued at $500 each. These scholarships are distributed among the 58 colleges in the community college system, which may be distributed in two payments: fall semester, $250; and spring semester, $250.

To qualify as a candidate for these scholarships, a person must meet the following criteria:

1. Is a full-time student enrolled in the second year of a two-year educational/technical program.
2. Demonstrate financial need.
3. Demonstrate scholastic promise.
4. Use the scholarship to pay for tuition, books, and transportation.

The recipients of the scholarships will be selected each year from applicants meeting the above criteria at local colleges.

Please bring the completed application along with all requested documents to our office by **September 1st Noon**. Applications that are not completed will **not** be considered.
Please print or type information

IDENTIFYING INFORMATION:

Full Name:  

Social Security Number:  __________________  (last four digits only)

Home Address:  

City, State, Zip Code:  

Telephone number (Area Code):  ________________

EDUCATIONAL INFORMATION:

Community College where you are currently enrolled or plan to attend:  

Field of Study and Degree, Certificate, or Diploma being pursued:  

If you are receiving financial aid, please list the type of aid (Pell Grant, Loan, etc.):

EDUCATIONAL ACCOMPLISHMENTS:

Please briefly describe any activities in your community in which you have been involved beyond your academic studies; i.e., awards, special programs or any other educational accomplishments:

EDUCATIONAL GOALS:  (Use a separate sheet and attach to application)

Please write no more than a one-page essay stating why you have chosen this field of study, how this scholarship will help you achieve your educational goals and why you should be considered for this scholarship.

Application deadlines:  Fall – September 12, 2014    Spring – February 13, 2015

Return Applications to Financial Aid Administrator at the college where you are attending or to the college where you plan to attend.  Selection will be determined by Financial Aid Administrator or selection committee.

FA Administrator Signature:  ________________________________

Date:  ________________________________
I hereby authorize _____________________ Community College and the North Carolina Community College System to share my name and address with one another and to release my name and address to ___________________________ (scholarship sponsor) and the news media if I am awarded the _________________ Scholarship.

I understand that the Federal Educational Rights and Privacy Act of 1974 may prevent any disclosure of this information if I chose not to execute this release.

_________________________________________  _____________
Recipient’s Signature  Date