

2015 Scholarship Application

Deadline for submission – August 1, 2015

(919) 775-5401 or Toll free 1-800-682-8353



www.cccc.edu

To be considered for a scholarship, you MUST submit the following information with this application:

- a) CCCC admissions application, b) Letter of recommendation from high school, college instructor or non-family member (on back) and c) attach a brief essay explaining your career goals, community involvement and any additional information concerning your financial need. Only completed applications will be considered. Please read all instructions and requirements and print or type application.

Student ID _____ Name _____

Last First Middle/Maiden

Date of Birth ____/____/____ Age _____ Phone Numbers (____) _____ (____) _____

mm dd year Home Work

Address _____

Mailing Address City State Zip Code County of Residence

E-mail address _____

High School Status (check one)

- Graduated from High School
- Received GED/AHS Diploma
- Current High School Student
- Did Not Graduate from High School

Issuing Agency or High School Last Attended _____

Name City State Month/Year received or Date of Graduation

- Highest Grade Completed** (circle one) 0-Never Attended 1 2 3 4 5 6 7 8 9 10 11 12 GED AHS Diploma
- Post High School Vocational Diploma Associates Degree Bachelor's Degree or Higher Master's Degree or Higher

Employment Status Full-time Unemployed Part-time Retired Employer: _____ Position: _____

Have you lived **outside** North Carolina in the last 12 months? Yes ____ No ____ Are you a U.S. Citizen? Yes ____ No ____

Marital Status: Single Married Separated Divorced

Live with: Parents Spouse Children Alone

Are you receiving funds from other sources? Scholarships WIA Loans VA Grants

Number of persons in household: _____ Relationship _____

Program of Study: _____ **Current Grade Point Average (GPA):** _____

This section is not required; however, to qualify for certain scholarships the following information must be completed:

Ethnicity White Black Indian Hispanic Asian/Pacific Islander Other _____ **Gender** Male Female

Other Central Electric Membership or Corporation Member _____ South River Electric Membership Acct# _____

State Employees Credit Union Member

REQUIREMENTS: Attend Scholarship Event, complete the Free Application for Federal Student Aid (FAFSA) and must be a full-time student (12 credit hours per semester.)

Attach a brief essay explaining your career goals in automotive restoration and additional information concerning your financial need.

I hereby certify that I have read and I understand the requirements of being a scholarship recipient and that all information I have set forth herein is true to the best of my knowledge.

Signature Date

Return to: Emily Hare
Science Building 919-718-7230

Scholarship Application Letter of Recommendation

Scholarship Applicant's Name (Print) _____
Last First Middle

For Applicant Use Only:

I, _____ hereby waive my right of access to this reference report. Date: _____
(Signature of applicant)

For Respondent Use Only:

(Please return to the appropriate address shown below.)

Please indicate the length of time you have known this applicant and the nature of the relationship you have had with him/her: _____

Do you recommend this applicant as a recipient of a scholarship? _____ Yes _____ No

Please explain the reasons for your recommendation:

Signature: _____

Email address/Phone: _____

Return to: Gwen Stewart, HR

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