

Application is due in the NSCC Foundation Office 3 weeks prior to start of term

Student Name: _____ Student NSCC ID: N _____

Address: _____ Home Phone Number: (____) _____

City: _____ State: _____ Zip Code: _____ Cell Phone Number: (____) _____

Email Address: _____ County: _____

High School Graduated From: _____ Home Town Newspaper: _____

Major (if applicable): _____ Projected Graduation Date: _____

I am employed: Yes No If yes, where? _____

I have filled out the 2009-2010 FAFSA? Yes No I am attending: Full time Part-Time

I understand that this scholarship (up to a maximum of \$250) is limited to application, tuition, other fees and/or books that pertain to eligible entrepreneurship classes.

Community Service/Work History:

Reason for taking entrepreneurship:

Information obtained through this application and from your student record will be shared with the scholarship committee in order to successfully determine scholarship eligibility. By signing this form, I Certify that all the information reported is complete and correct. I also give permission for my information to be shared with the scholarship committee.

Student Signature: _____ **Date:** _____

Entrepreneurship Scholarships are limited and given based upon availability and need.