



**West Region of the National Council of Corvette Clubs  
West Region Scholarship Applications**

**Fill out all items Accurately and clearly. Missing or incorrect items will delay the processing of the application. Print in ink or type.**

**Return all forms to:  
WR Scholarship Committee  
Gary Foster  
12605 Tanglewood Drive  
Urbandale IA 50232-2368**

**Must be RECEIVED by August 1st  
to be considered for WR Scholarship.  
If using the NCCC Scholarship  
Application, copy the PDF sent to NCCC and we  
will use that as your WR Application.**

Full Legal Name \_\_\_\_\_  
(print or Type) First Middle Last

Sex \_\_\_\_\_ Female \_\_\_\_\_ Male

Date of Birth \_\_\_\_\_  
Month Day Year

Residence \_\_\_\_\_  
Number & Street City, State Zip

Phone # (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-)  
Home Mobile

\_\_\_\_\_  
Country of Citizenship A-\_\_\_\_\_  
Permanent residence alien number (if not a U.S. citizen)

\_\_\_\_\_  
Employer, length of employment, and average hours worked per week if employed during the past 12 months

Parents/Guardians \_\_\_\_\_  
Full Name

\_\_\_\_\_  
Address City State Zip Code

HIGH SCHOOL

High school graduation date \_\_\_\_ / \_\_\_\_

Graduate's high school \_\_\_\_\_  
City State

SAT/ACT All dates you took or will take the SAT and/or ACT \_\_\_\_\_  
SAT date(s)

\_\_\_\_\_ ACT date(s)

**HIGH SCHOOL/COLLEGE  
EXTRA CURRICULAR ACTIVITIES** \_\_\_\_\_

**HIGHER EDUCATION** List all colleges, universities, or technical schools attended or currently attending.

INSTITUTION	CITY AND STATE	DATES OF ATTENDANCE	CURRENTLY ATTENDING <input type="checkbox"/> Yes <input type="checkbox"/> No	GPA
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Institution which accepted you \_\_\_\_\_  
Attach letter of acceptance.

**NCCC AFFILIATION**

NCCC Number Date joined NCCC NCCC Club

Applicant \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Grandparent \_\_\_\_\_

Brief description of applicant's (or family's) involvement with NCCC:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE** I certify that the information provided on this application is accurate and true. I understand that falsified information may result in denial of NCCC Scholarship.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY  
HIGH SCHOOL GUIDANCE COUNSELOR**

All high school applicants must have this section completed by the high school guidance counselor.

**HIGH SCHOOL CEEB CODE** \_\_\_\_\_

**RANK IN CLASS** \_\_\_\_\_ / \_\_\_\_\_ 6 semesters \_\_\_ 7 semester  
\_\_\_ 8 semesters \_\_\_ school does not rank

**GRADE POINT AVERAGE** \_\_\_\_\_ / \_\_\_\_\_  
G.P.A. Scale.

<b>TEST SCORES</b>	SAT:	Date	_____	V	_____	M	_____	ACH: Subj.	_____	Score	_____
		Date	_____	V	_____	M	_____	ACH: Subj.	_____	Score	_____
	PSAT:	Date	_____	V	_____	M	_____	ACH: Subj.	_____	Score	_____
	ACT:	Date	_____	V	_____	M	_____	R	_____	SR	_____
	ACT:	Date	_____	V	_____	M	_____	R	_____	SR	_____
	P-ACT:	Date	_____	V	_____	M	_____	R	_____	SR	_____

**COMMENTS** Information relevant to an admissions decision is requested.

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**SIGNATURE**

\_\_\_\_\_  
Signature of counselor/Printed name Date

High school telephone (\_\_\_\_) \_\_\_\_\_

**IMPORTANT:** Include an official transcript of high school work through at least the junior year.

**Counselor Narrative Evaluation:** We appreciate the difficulty of evaluating a student only on the basis of ranking on a grid. Please use this narrative evaluation. We are especially interested in information which will help us to understand those intangible qualities which so often contribute to academic and professional excellence. If you prefer, feel free to attach a letter to this form.

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