

NCCC AFFILIATION

NCCC Number

Date joined NCCC

NCCC Club

Applicant _____

Father _____

Mother _____

Grandparent _____

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

HIGH SCHOOL

High School Name _____ High school graduation date ____ / ____

Graduate's high school _____
City State

HIGH SCHOOL/COLLEGE EXTRA CURRICULAR ACTIVITIES _____

Attach an additional page if needed

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

INSTITUTION	CITY AND STATE	DATES OF ATTENDANCE	CURRENTLY ATTENDING	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.

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 or COLLEGE GUIDANCE COUNSELOR

All applicants must have this section completed by the school guidance counselor or equal representative

HIGH SCHOOL CEEB CODE _____

RANK IN CLASS _____ / _____
_____ 6 semesters _____ 7 semester _____ 8 semesters _____ school does not rank

GRADE POINT AVERAGE _____ / _____
G.P.A. Scale.

TEST SCORES

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 _____ C _____

ACT: Date _____ V _____ M _____ R _____ SR _____ C _____

P-ACT: Date _____ V _____ M _____ R _____ SR _____ C _____

IMPORTANT: Include an official transcript of high school work for Junior/Senior year. If college applicant, include current transcript.

Counselor Narrative Evaluation: We appreciate the difficulty of evaluating a student only on the basis of ranking on a grid. Please use this space for 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.

SIGNATURE _____
Signature of counselor/Printed Name Date

