

**High School**

High School graduation date \_\_\_\_\_ -- \_\_\_\_\_  
 MO Year

Graduate's High School \_\_\_\_\_  
 Name

Street Address \_\_\_\_\_

\_\_\_\_\_ City State Zip

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

List High school/College \_\_\_\_\_  
 Extra Curricular Activities Below \_\_\_\_\_  
 ACT date(s)

**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	_____

**NCCC Affiliation**

Name(s)	NCCC Number(s)	Club	Date(s) joined NCCC
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Applicant \_\_\_\_\_  
 Father/Mother \_\_\_\_\_  
 Aunt/Uncle \_\_\_\_\_  
 Grandparent \_\_\_\_\_

Write a brief description of applicant's (or family's) involvement with the West Region of NCCC. *Use back if necessary*

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**Signature** I certify that the information provided on this application is accurate and true. I understand that falsified information may result in denial of a West Region Scholarship

  

*I waive my right to review my high school/college counselor's comments*

*I do not waive my right to review my high school/college counselor's comments*

\_\_\_\_\_

Signature

Date

\_\_\_\_ -- \_\_\_\_ -- \_\_\_\_  
Month Day Year

**To be completed by high school  
guidance counselor**

High school CEEB code

\_\_\_\_\_

CEEB Code

Rank in class

\_\_\_\_\_ of \_\_\_\_\_

6 Semesters

8 Semesters

9 Semesters

School does not rank

Grade point average

\_\_\_\_\_ on \_\_\_\_\_

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	_____		

Comments

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