

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

Kathy Brisbois West Region RE

25242 Lookout Lane

Honey Creek IA 51542

Must be RECEIVED by Aug 1st to be considered for WR Scholarship

If using the NCCC Scholarship Application, copy the PDF files sent to NCCC and we will

use them as your WR Application. Send them to: RE@westregionnccc.com

Full Legal Name						
(Print or Type)	Firs		Middle	Last		
Sex	Female	Male				
Date of Birth			. 			
	Month	Day	Year			
Residence						
	Number and Str	eet		City State	Zip Code	
Phone ()	-	() -	-	
,	Home			Mobile		
Country of Citize	enship	 A				
•	·	Perma	anent residence ali	en number (if not a U	J.S. citizen)	
Employer, lengt	th of employment, and	d average hours wo	rked per week if en	nployed during the pa	ast 12 months	
Parents/Guardians	•					
Taromo, Odardiano		Full Name				
A	ddress			City State	Zip Code	

SAT date(s) ACT date(s) HIGH SCHOOL/COLLEGE EXTRA CURRICULAR ACTIVITIES	
SAT/ACT All dates you took or will take the SAT and/or ACT SAT date(s) HIGH SCHOOL/COLLEGE EXTRA CURRICULAR ACTIVITIES HIGHER EDUCATION List all colleges, universities, or technical schools attended or currently a INSTITUTION CITY AND STATE DATES OF CURRENTLY ATTENDANCE ATTENDING Yes No Yes No Yes No Institution which accepted you	
ACT date(s) HIGH SCHOOL/COLLEGE EXTRA CURRICULAR ACTIVITIES HIGHER EDUCATION List all colleges, universities, or technical schools attended or currently a INSTITUTION CITY AND STATE DATES OF CURRENTLY ATTENDANCE ATTENDING Yes No	
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HIGHER EDUCATION List all colleges, universities, or technical schools attended or currently a INSTITUTION CITY AND STATE ATTENDANCE Yes No Yes No Yes No Institution which accepted you	
INSTITUTION CITY AND STATE DATES OF ATTENDING Yes No Yes No Yes No Yes No Yes No Yes No	
ATTENDANCE ATTENDING Yes No Yes No	attending.
☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	GPA
Institution which accepted you	
NCCC AFFILIATION NCCC Number Date joined NCCC NCCC Club Applicant Father Mother Grandparent Brief description of applicant's (or family's) involvement with NCCC:	
I certify that the information provided on this application is accurate and understand that falsified information may result in denial of NCCC School	
I waive my right to review my high school/college	
I do not waive counselor's comments	
Signature of applicant Date	

TO BE COMPLETED BY HIGH SCHOOL GUIDANCE

COUNSELOR All hig

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

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HIGH SCHOOL CEEB	3 CODE	Z						
RANK IN CLASS		_/		6			ool does not ra	nk
GRADE POINT AVER	AGE	G.P.A.		Scale.				
TEST SCORES	SAT:	Date					Score	Score
]	PSAT:	ACT:	V Date Date	M V V	ACH: M M	Subj R R	Score SR SR	
COMMENTS		Information	on relevant	to an admiss	ions decisior	n is requested		
SIGNATURE			Signature	of counselor/			Date	
					High scho	ool telephone	: ()	
IMPORTANT:		Include a	n official t	ranscript of h	igh school w	ork through a	at least the jun	ior year.
Counselor Narrative Ev ranking on a grid. Please which will help us to unde excellence. If you prefer,	use this erstand	space for nathose intang	arrative ev ible qualit	aluation. We	are especial	ly interested	in information	

APPLICANT ESSAY

Write a 300 word essay outlining your reasons for applying for the NCCC Scholarship and your career goals.