

Beaufort County Community College Foundation Scholarship Application

Grant Term: On-going; determinations made each month by campus scholarship committee.

Amount: Determined by committee; funds paid to BCCC up-front for registration, course fees, and textbooks with a maximum award of \$500 per student. Students may apply for a maximum of two continuing education scholarships. Eligible Programs: 50+ hour initial certification training courses that leads to attainment of a state or industry-recognized credential. College & Career Readiness High School Equivalency Testing.

Student's Name:	Social Security #: (require			
Street Address:		 		
City:	State:	Zip:	Telephone	#:
NC Driver's License #:	County of Residence:			
Email:				
I am applying for the following Cont **Only programs offering an industr through the BCCC Foundation.	•	-	•	education scholarships offered
□High School Equivalency □ Registered Medical Assistant I/II □ Pharmacy Technician □ Phlebotomy Technician □ Nurse Aide I/II □ EKG Monitor Technician □ CDL Truck Driver Training □ Career Readiness Certificate □ EMT Initial □ Advanced EMT □ Paramedic □ Auto Detailing Basic □ Other:		□ Community Paramedicine □ FP-C/CCP-C Review Course □ Industrial Sewing & Upholstery Academy □ Real Estate Provisional Broker (Pre-licensing) □ Welding □ HVAC I/II/III □ Diesel Technician □ Natural Hair Care Specialist □ Manicure and Nail Technology I/II □ Registered Barber □ Advanced Manufacturing Institute □ Income Maintenance Caseworker (Level II only)		
I qualify for this scholarship under t	he following cr	iteria (plea	se check all that apply):	
□ I am currently unemployed. (Beginning date of unemployment:) (Provide copy of paperwor) (Provide copy of paperwork)
☐ I am a military veteran. (Provide	copy of DD21	4 or other	military documentation)	
☐ I am a member of the NC Nation	nal Guard. (Pr	ovide copy	of ID card)	
☐ I am working and earn wages at Number of dependents:			. , ,	(Provide copy of current pay stub.
□ Other.				



Explain in your own words why	y you snould receive these funds (you may inclu	de attachment if you need more space):
I hereby verify that all the infor knowledge.	mation given by me on this application form is c	omplete and accurate to the best of my
Printed Name	 Signature	Date

Please submit your completed application to:

Continuing Education Registration & Records Office, Building 8, Room 802 continuingeducation@beaufortccc.edu 252-940-6375

Implemented: 9.1.2015 Revised: 4.18.2017, 3.11.2022