BEAUFORT COUNTY COMMUNITY COLLEGE

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 #: _____ (required)

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone #: _____

NC Driver's License #: _____ County of Residence: _____

Email: _____

I am applying for the following Continuing Education Program (check the box):
***Only programs offering an industry recognized credential are eligible for Continuing Education scholarships offered through the BCCC Foundation.*

- ☐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 the following criteria (please check all that apply):

☐ I am currently unemployed. (Beginning date of unemployment: _____) (Provide copy of paperwork)

☐ I am a military veteran. (Provide copy of DD214 or other military documentation)

☐ I am a member of the NC National Guard. (Provide copy of ID card)

☐ I am working and earn wages at or below 200% of the federal poverty guidelines. (Provide copy of current pay stub.
Number of dependents: _____ Ages: _____)

☐ Other. _____

BEAUFORT COUNTY COMMUNITY COLLEGE

Explain in your own words why you should receive these funds (you may include attachment if you need more space):

I hereby verify that all the information given by me on this application form is complete and accurate to the best of my knowledge.

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