

**North Carolina Community Colleges 2024-2025 General Scholarship Application**

***Instructions:***Complete this application and return it to the college Financial Aid Office. Submit all required documentation for the scholarship you are applying for.

**Name of Scholarship Applying For: Samuel M. Taylor Memorial Life Sciences Scholarship**

**Personal Information:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NC County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of residence: \_\_\_\_\_\_\_\_\_\_\_\_ Length of residency in county: \_\_\_\_ Less than 5 yrs.\_\_\_\_5-10 yrs. \_\_\_\_\_ 10+ years (**Note:** **Some scholarships require residency in a qualifying NC county).**

**Educational Information: (Note: Students enrolled in a Workforce Continuing Education course(s)/pathways may not be eligible for all scholarships).**

Community College you are attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of education program in which you are enrolled. Please select one of the following:

\_\_\_\_ **Curriculum (CU) Program of Study**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **GPA:** \_\_\_\_\_\_\_\_\_

\_\_\_\_ **Workforce Continuing Education** **(WCE)**  **Course(s)/Pathways:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: A student enrolling in WCE pathways/courses leading to an NC Workforce Credential may consist of a single WCE course or a series of courses. Eligible credentials are available at <https://nccareers.org/credential>.

**Additional Information:** Read the scholarship criteria carefully and provide all supporting documentation for the scholarship in which you are applying.

**Acknowledgement and Certification:** I have read and understand the requirements for the scholarship I am applying for. I certify that the information provided on this form is complete and correct to the best of my knowledge**.**

**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**