

**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. Students taking High School Equivalency Testing will be provided funds up front; not as a reimbursement. The Foundation Scholarship will award up to ten high school equivalency scholarships an academic year.  
Eligible Programs: Continuing Education class leading to obtainment of an industry recognized credential as well as 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.*

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| --- | --- |
| 🞏High School Equivalency | 🞏 Nurse Aide I/II |
| 🞏 Medication Aide | 🞏 Registered Medical Assistant |
| 🞏 Pharmacy Technician | 🞏 EMT Initial, Advanced EMT, Paramedic |
| 🞏 Phlebotomy | 🞏 Culinary Skills & Techniques |
| 🞏 Career Readiness Certificate | 🞏 Forklift Training |
| 🞏 NC Fire Academy | 🞏 Medical Office Specialist |
| 🞏 CDL Truck Driver Training | 🞏 OSHA 10/OSHA 30 |
| 🞏 Notary Public | 🞏 Real Estate Initial Licensing Course |
| 🞏 Oversize Vehicle Escort Training—Initial Certification | 🞏 Substance Abuse Counselor |
| 🞏 ServSafe | 🞏 Welding |
| 🞏 Vehicle Safety Inspections—Initial Certification | 🞏 HVAC |

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.

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

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

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Printed Name Signature Date

Please submit your completed application to:

Sara Watson, Continuing Education Director of Customized Training  
[sara.watson@beaufortccc.edu](mailto:sara.watson@beaufortccc.edu)   
252-940-6311