



**BCCC**  
BEAUFORT COUNTY  
COMMUNITY COLLEGE

**Beaufort County Community College &  
Pamlico Rose/AmeriCorps  
Student Scholarship  
Application**



**Instructions:** Complete this application and return the completed application to the Beaufort County Community College Continuing Education office in Building 8 or it can be emailed to [continuingeducation@beaufortccc.edu](mailto:continuingeducation@beaufortccc.edu). If you have questions about this application, please call (252) 940-6375.

**Demographic Information:**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Are you a female vet?  Yes  No \* *Self-attestation is accepted, no further documentation required.*

**Educational Information:**

Pamlico Rose course name: \_\_\_\_\_

**Registration Fees:**

- Gardening to Wellness Pathway Course: all students receive a \$20 scholarship
- Other Classes Offered by Pamlico Rose: Female vets receive a scholarship covering 50% of the registration fees.

**Academic Records Waiver Statement:**

I, \_\_\_\_\_ (write full name), hereby authorize Beaufort County Community College (BCCC) to share my academic records, including grades and attendance, with Pamlico Rose and AmeriCorps. This authorization applies **only** to the academic data related to Pamlico Rose classes. No other academic records will be shared.

I understand that this information will be used solely to manage and support my scholarship with Pamlico Rose and AmeriCorps.

I have read and understand the requirements for assistance. I hereby declare that the information provided on this form is complete and correct to the best of my knowledge.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**