



SCC Continuing Education Scholarship Application

Name:	
Address:	
Phone:	
Email:	
Date of Birth:	
Course Title:	
Course Beginning/End Date:	
Are you currently employed?	
Are you receiving any other form of financial assistance for education?	

I certify that the information on this application is complete and accurate. I understand if I am receiving other funding for my course, I will need to provide a statement detailing the request for additional assistance.

Signature _____

Date _____

Please submit all completed applications to Financial Aid Office, Patterson Bldg 105. Our fax number is 704-991-0160.