



SCC Occupational Extension 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 that a Letter of Recommendation from a non-family member must be submitted to SCC's Financial Aid Office in order for the Scholarship Selection Committee to consider my request for a scholarship.

Signature _____

Date _____

Please submit all completed applications to Financial Aid Office, Patterson Bldg 108. Our fax number is 704-991-0160.