



Continuing Education and Workforce Development Scholarship Application

All questions must be answered for the application to be considered. **Print legibly or type your responses.**
Please submit your application at least **30 days prior to the start of your selected course.**

General Information

Full Name _____ CCC&TI ID# _____

Mailing Address _____

City, State, Zip _____ Phone _____

Email Address _____

County of Residence _____ Number of years living in county _____

Date of Birth ____/____/____ Are you a U.S. citizen? YES NO

Are you a resident of NC, or employed in NC, or intend to be employed in NC? YES NO

Do you consider yourself Hispanic/Latino? YES NO

Select one or more of the following categories: American Indian/Alaskan Native Asian
 Black or African American White
 Hawaiian/Pacific Islander Other/unknown

Educational and Employment Information

Program/Course you are enrolling in _____

Intended course start date _____

Are you sponsored by NCWorks/WIOA, an employer, or other agency? YES NO

If yes, by who? _____

Do either of your parents hold a Bachelor's Degree? YES NO Are you a veteran? YES NO

Did you receive the Dream Award in the 6th grade? YES NO

Are you currently working? YES NO If yes, how many hours per week? _____

Employer _____ Position _____

Additional Questions

Have members of your immediate family worked for or owned a farming or agricultural related business now or in the past? YES NO

Have you or members of your immediate family been employed in traditional industries such as furniture, textiles, or tobacco manufacturing? YES NO

Has anyone in your household lost their job or transitioned from full-time to part-time employment in the past two years? YES NO

Do you have an RCN number showing you are a North Carolina resident from the Residency Determination Service (RDS)? YES, RCN# _____ NO

Please explain your need for scholarship funds, noting any special circumstances regarding your income. Also describe what your career goals are after you complete your chosen program/course.

Signature

I declare that the information provided on this application is true, correct, and complete to the best of my knowledge. I agree to provide any additional information requested by the college. I understand that my signature allows CCC&TI to share my name, address, and other information with the scholarship sponsor and the media, if awarded. I understand that, if awarded, the scholarship will assist with costs associated with the specific course I noted in my application and the funds are non-transferrable to another course or date. I understand that I will be notified by email to the email address listed above regarding the status of my application. ***I understand that if I am not awarded a scholarship, I must pay registration fees two weeks prior to the start date of the course in order to remain in the course.***

Student Signature _____ Date _____

How to Submit

Email your completed application to finaid@cccti.edu or submit in person to Student Services (F Building on Caldwell Campus or W460 on the Watauga Campus).

If you have questions, contact us at 828-726-2242 or 828-726-2200.

For Office Use Only			
Received by: _____		Date received: _____	
Award Name	Awarded (Amount)	Not Awarded	Notes
Golden Leaf			
Foundation			
Other			
<input type="checkbox"/> Email notification sent to student – Date _____			
<input type="checkbox"/> Awarded student entered on spreadsheet			