



Scholarship Fund Application for children dependents of NCSRCC members

Scholarships are in grant form with no payback requirement. Applicant must submit a college transcript that shows a completed semester as a full-time student with passing grades along with application.

Applicant's name: _____
First Middle Last

___ Male ___ Female Date of Birth: _____

Address: _____

City State Zip Code

Telephone number: _____ Email address: _____

Member Parent's name: _____
First Middle Last

NCSRCC Local #: _____ UBC #: _____

Relationship: _____

Are you a full-time student: ___ Yes ___ No

Education since high school, such as tech/trade, college/university, military, other: _____

Course of study for which you intend to use the NCSRCC scholarship? _____

Are you currently accepted to or attending a technical school, university or college? ___ Yes ___ No
If yes, provide name and location: _____

List your hobbies, interests, social activities and/or community service: _____

By signing below, you declare the information submitted in and with this application to be true and accurate.

Signature of Applicant

Signature of Member Parent

Date: _____

[illegible]

**Return completed application no later than April 1, 2018 to:
NCSRCC, Attn: Scholarships, 700 Olive Street, Saint Paul, MN 55130**