

# CCTRID NIC SCHOLARSHIP APPLICATION FORM

Name of Applicant:

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Address:

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Telephone: (\_\_\_\_) \_\_\_\_\_ Voice/TTY/Both

E-mail Address: \_\_\_\_\_

Name of College & Address:

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Graduation Date: \_\_\_\_\_ Your Degree? \_\_\_\_\_ AAS/AA/AS/BS/BA (*Please circle one*)

CCTRID Member since: \_\_\_\_\_

Names, Addresses, & Phone Numbers of References:

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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