

COLLEGE OF SCIENCE & TECHNOLOGY
North Carolina A&T State University
SCHOLARSHIP INTEREST FORM

ATTACHMENTS REQUIRED

- Personal Statement
- Resume
- Unofficial Transcript

Term _____ Year _____ Scholarship Name _____

PERSONAL INFORMATION

Banner ID # _____ Date _____

Last Name _____ First Name _____ Middle _____

Campus Mailing Address _____

City _____ State _____ Zip Code _____

Campus Phone _____ Cell Phone _____

Campus Email _____@ncat.edu Personal Email _____

VITAL STATISTICS

Permanent Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

US Citizen? Yes _____ No _____ If no, immigrant status _____

Residency: In-State _____ Out-of-State _____ Status: Full-time _____ Part-time _____

Gender: Male _____ Female _____

ACADEMIC INFORMATION

Academic Classification: FR ___ SO ___ JR ___ SR ___ Major _____

GPA- Overall* _____ # of Credits Attempted* _____ Planned Graduation Date _____

GPA- Major* _____ # of Credits Earned* _____

Extracurricular Activities, Service and Leadership _____

*from transcript

Official Use Only

Scholarship Awarded _____ Applied to: Term _____ Year _____

Amount \$ _____

Date _____

Assistant Dean

Department Chair