Fill out all items accurately and completely. Errors and omissions will delay processing.

Completed application must be received by June 1, 2024.

Please print or type.

Return all forms to: Indiana Region NCCC Scholarship Committee

2578 S 850 W Kimmell, IN 46760.

FULL LEGAL NAME			
DATE OF BIRTH /	MIDDLE  / YEAR	LAST	
SOCIAL SECURITY NUMBER	YEAR		
HOME ADDRESSNUMBER AND STREET			
COLD MEDIAL OF CATALAND CHAR	STATE	ZIP	HOME PHONE
COUNTRY OF CITIZENSHIPSTATE OF CLAIMED RESIDENCE			
PARENTS OR GUARDIANS			
NUMBI	BER AND STREET		
CITY	STATE		ZIP
AFFILIATION WITH INDIANA REGIO	N NCCC		
PROVIDE A BRIEF DESCRIPTION OF APPLICA	ANT'S AND FAMILY'S INV	OLVEMENT	
YOUR NCCC NUMBER	CLUB AFFILIA	ATION	
FATHER'S NCCC NUMBER	CLUB AFFILI		
MOTHER'S NCCC NUMBER	CLUB AFFILI		
OTHER RELATIVE NCCC NO IDENTIFY OTHER RELATIVE	CLUB AFFILI	ATION	

### **YOUR EDUCATION**

HIGH SCHOOL GRADUATION DAT	E		
HIGH SCHOOL FROM WHICH YOU WILL OR DID GRADUATE			
	N/	AME OF INSTITUTION	
		STREET ADDRESS	
SAT/ACT DATES			
SATACT DATES	SAT DATE	PLACE TAKEN	_
-	ACT DATE PLA	CE TAKEN	_
HIGH SCHOOL EXTRA CURRICUL	AR ACTIVITIES		
HIGHER EDUCATION LIST ALL COLLEGES, UNIVERSITIES OR TECHNICATION CIT	L SCHOOLS ATTENDED OR CU Y AND STATE	URRENTLY ATTENDING DATES	GPA
INSTITUTION WHICH	I HAS	ACCEPTED	YOU
		NAME OF INSTITU	JTION
GLGNA TUDE			
<u>SIGNATURE</u>			
I CERTIFY THAT THE INFORMATION PROTHAT FALSIFIED INFORMATION MAY R			
Under the Federal Family Educational Rights a recommendation. It is your option to waive you and sign your name.	ur right to review these reco	mmendations or to decline to do s	
	I waive my right to review		
L	II do not waive my right to r	review this recommendation	
Applicant's signature		Date	

### INDIANA REGION NCCC SCHOLARSHIP APPLICATION

Under the Federal Family Educational Rights and Privacy Act of 1974 students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review these recommendations or to decline to do so. Please indicate below and sign your name.

SAT: DATE V M DATE V M PSAT: DATE V M PSAT: DATE V M ACT: DATE E M R SR C DATE E M R SR C PACT: DATE E M R SR C  PACT: DATE E M R SR C  PACT: DATE E M R SR C  PACT: DATE E M R SR C  PACT: DATE E M R SR C  PACT: DATE E M R SR C  COMMENT  INFORMATION RELATIVE TO AN ADMISSIONS DECISION IS REQUESTED  PLEASE INCLUDE A TRANSCRIPT OF HIGH SCHOOL WORK THROUGH THE JUNIOR YEAR  NARRATIVE EVALUATION: WE APPRECIATE THE DIFFICULTY OF EVALUATING A STUDENT ON THE BASIS OF RANKING ON A GRID. PLEASE USE THIS SPACE F NARRATIVE EVALUATION. WE ARE ESPECIALLY INTERESTED IN THE INTANGIBLE QUALITIES WHICH OFTEN CONTRIBUTE TO ACADEM	Applicant's signature		Date							
PLEASE INDICATE IF SCHOOL DOES NOT RANK STUDENTS.  GRADE POINT AVERAGE   SAT: DATE V M DATE V M PSAT: DATE V M RSR C DATE E M R SR C PACT: DATE E M R SR C DATE DATE DATE DATE DATE DATE DATE DATE			OL GUIDAN	CE COUNSE	LOR. ALI	L APPLICAN	TS MUST HAVE			
SAT: DATE V M DATE V M PSAT: DATE V M PSAT: DATE V M ACT: DATE E M R SR C DATE E M R SR C DATE E M R SR C PACT: DATE E M R SR C PACT: DATE E M R SR C  PACT: DATE E M R SR C  PACT: DATE E M R SR C  PACT: DATE E M R SR C  PACT: DATE E M R SR C  PACT: DATE E M R SR C  COMMENT  INFORMATION RELATIVE TO AN ADMISSIONS DECISION IS REQUESTED  PLEASE INCLUDE A TRANSCRIPT OF HIGH SCHOOL WORK THROUGH THE JUNIOR YEAR  NARRATIVE EVALUATION: WE APPRECIATE THE DIFFICULTY OF EVALUATING A STUDENT ON THE BASIS OF RANKING ON A GRID. PLEASE USE THIS SPACE F NARRATIVE EVALUATION. WE ARE ESPECIALLY INTERESTED IN THE INTANGIBLE QUALITIES WHICH OFTEN CONTRIBUTE TO ACADEN			NOT RANK	STUDENTS		AFTER	SEMESTERS			
SAT: DATE V M PATE E M R SR C PACT: DATE E M R SR C C PA	GRADE POINT AVERA	AGE			/					
ACT: DATE	SA	AT: DATE DATE	VV	M						
PACT: DATE E M R SR C  COMMENT INFORMATION RELATIVE TO AN ADMISSIONS DECISION IS REQUESTED  PLEASE INCLUDE A TRANSCRIPT OF HIGH SCHOOL WORK THROUGH THE JUNIOR YEAR  NARRATIVE EVALUATION: WE APPRECIATE THE DIFFICULTY OF EVALUATING A STUDENT ON THE BASIS OF RANKING ON A GRID. PLEASE USE THIS SPACE F NARRATIVE EVALUATION. WE ARE ESPECIALLY INTERESTED IN THE INTANGIBLE QUALITIES WHICH OFTEN CONTRIBUTE TO ACADEM		CT: DATE	E	M			C			
INFORMATION RELATIVE TO AN ADMISSIONS DECISION IS REQUESTED  PLEASE INCLUDE A TRANSCRIPT OF HIGH SCHOOL WORK THROUGH THE JUNIOR YEAR  NARRATIVE EVALUATION:  WE APPRECIATE THE DIFFICULTY OF EVALUATING A STUDENT ON THE BASIS OF RANKING ON A GRID. PLEASE USE THIS SPACE FOR NARRATIVE EVALUATION. WE ARE ESPECIALLY INTERESTED IN THE INTANGIBLE QUALITIES WHICH OFTEN CONTRIBUTE TO ACADEM	D.		E			<del></del>	C			
PLEASE INCLUDE A TRANSCRIPT OF HIGH SCHOOL WORK THROUGH THE JUNIOR YEAR  NARRATIVE EVALUATION:  WE APPRECIATE THE DIFFICULTY OF EVALUATING A STUDENT ON THE BASIS OF RANKING ON A GRID. PLEASE USE THIS SPACE F NARRATIVE EVALUATION. WE ARE ESPECIALLY INTERESTED IN THE INTANGIBLE QUALITIES WHICH OFTEN CONTRIBUTE TO ACADEM SUCCESS. A LETTER MAY BE ATTACHED IF PREFERRED.		ATION RELATI	VE TO AN A	ADMISSION	S DECISIO	N IS REQUE	ESTED			
	NARRATIVE EVALUA WE APPRECIATE THE DIFFICUL NARRATIVE EVALUATION. WE	TION: LTY OF EVALUATING E ARE ESPECIALLY IN	G A STUDENT ON TERESTED IN TH	I THE BASIS OF	RANKING ON	A GRID. PLEAS	E USE THIS SPACE FO			

 $Return\ all\ forms\ to:\ Indiana\ Region\ NCCC\ Scholarship\ Committee, 2578\ S\ 850\ W,\ Kimmell,\ IN\ 46760.$ 

The completed application must be received by June 1, 2024.

### **ESSAY**

WRITE A 300 WORD ESSAY, IN YOUR OWN HANDWRITING AND ON THIS SHEET, OUTLINING YOUR REASONS FOR APPLYING FOR THIS SCHOLARSHIP AND YOUR CAREER GOALS

Return all forms to: Indiana Region NCCC Scholarship Committee, 2578 S 850 W, Kimmell, IN 46760

The completed application must be received by June 1, 2024.

#### RULES AND REQUIREMENTS OF THE SCHOLARSHIP

The Indiana Region NCCC scholarship will be given for the purpose of assisting a person with an Indiana Region NCCC affiliation in the continuation of his/her formal education. Any continuing education program is acceptable; any school or college having any curriculum. Some preference may be given to recent graduates and high school seniors. The award will be for one year. Previous winners are eligible. No financial need requirement is to be established.

#### THE APPLICANT

- 1. A close involvement with NCCC for a minimum period of three years; either as an Indiana Region NCCC member or a legal member of the immediate family of an Indiana Region NCCC member-child or grandchild.
- 2. Must have a High School Diploma or the anticipation of a High School diploma before the time that the scholarship is the awarded.
- 3. A copy of the diploma must be provided before an award can be presented.
- 4. High School Students must submit a copy of their High School transcript.
- 5. An academic standing in High School in the upper third of the High School graduating class.
- 6. College students must submit a copy of their college transcripts.
- 7. A record of involvement in some extracurricular activities in high school or college. This information should be listed in letters of recommendation from your Counsel or Advisor, Academic Professional or Non-Academic Professional.
- 8. A letter of acceptance from the institution for which the scholarship is to be awarded.
- 9. A brief 300 word essay included with the application outlining the applicant's reasons for wanting the scholarship and the applicant's career goals.
- 10. One letter of recommendation from Academic Professionals who are qualified to evaluate the applicant's potential.
- 11. One letter of recommendation from a Non-Academic Professional who is qualified to evaluate the applicant's potential
- 12. One letter of recommendation from an Officer from the NCCC Club that the parent or grandparent is a member of. Example: President, Vice President, Governor, Treasurer, or Secretary. This letter should outline the member's involvement with the club in the last three years.
- 13. The completed application must be received by June 1, 2024 in order to be considered. The applicant will be responsible for submitting all required items before June 1, 2024. Be sure to provide addressed and stamped envelopes for the people you are asking to give evaluations and recommendations.

Although the Indiana Region NCCC Scholarship is an award of money which does not necessarily need to be repaid, it would be appreciated if the recipient would consider contributing to the Indiana Region NCCC Scholarship Fund in some future time following the completion of his/her education.

#### RECOMMENDATION FOR SCHOLARSHIP

Full Legal Name			first		middl	le
Present Address						
zip	nber and street		city		state	
Under the Federal Family Educational recommendation. It is your option to and sign your name.	waive your right	to review the	se recommendation	ons or to decline to	o do so. Please i	
Applicant's signature		•		Date		
Send this recommendation to: Indi The completed application must be	received by Jun	e 1, 2024.		·	·	-
TO THE PERSON PROVIDING THIS R I have known the applicant for	_ years in my cap	pacity as				
1. Please rate the applicant on each cha	aracteristic in com	parison with o	ther students at the	same level by circ		ate number
	No Basis For		Below		Above	
	Judgment	Weak	Average	Average	Average	Exceptiona
A section		1 ')				
	0	1 2	3 4	5 6	7 8	9 10
B. Intellectual Ability	0	1 2	3 4	5 6	7 8	9 10
<ul><li>B. Intellectual Ability</li><li>C. Breadth of General Knowledge</li></ul>	0	1 2 1 2	3 4 3 4	5 6 5 6	7 8 7 8	9 10 9 10
<ul><li>B. Intellectual Ability</li><li>C. Breadth of General Knowledge</li><li>D. Understanding of Major Field</li></ul>	0 0 0	1 2 1 2 1 2	3 4 3 4 3 4	5 6 5 6 5 6	7 8 7 8 7 8	9 10 9 10 9 10
<ul> <li>B. Intellectual Ability</li> <li>C. Breadth of General Knowledge</li> <li>D. Understanding of Major Field</li> <li>E. Ability to Analyze Ideas</li> </ul>	0 0 0 0	1 2 1 2 1 2 1 2	3 4 3 4 3 4 3 4	5 6 5 6 5 6 5 6	7 8 7 8 7 8 7 8	9 10 9 10 9 10 9 10
<ul> <li>B. Intellectual Ability</li> <li>C. Breadth of General Knowledge</li> <li>D. Understanding of Major Field</li> <li>E. Ability to Analyze Ideas</li> <li>F. Ethical Standards and Integrity</li> </ul>	0 0 0 0	1 2 1 2 1 2 1 2 1 2	3 4 3 4 3 4 3 4 3 4	5 6 5 6 5 6 5 6 5 6	7 8 7 8 7 8 7 8 7 8	9 10 9 10 9 10 9 10 9 10
<ul> <li>B. Intellectual Ability</li> <li>C. Breadth of General Knowledge</li> <li>D. Understanding of Major Field</li> <li>E. Ability to Analyze Ideas</li> <li>F. Ethical Standards and Integrity</li> <li>G. Oral English and Expression Skills</li> </ul>	0 0 0 0 0	1 2 1 2 1 2 1 2 1 2 1 2	3 4 3 4 3 4 3 4 3 4 3 4	5 6 5 6 5 6 5 6 5 6 5 6	7 8 7 8 7 8 7 8 7 8 7 8 7 8	9 10 9 10 9 10 9 10 9 10 9 10
B. Intellectual Ability C. Breadth of General Knowledge D. Understanding of Major Field E. Ability to Analyze Ideas F. Ethical Standards and Integrity G. Oral English and Expression Skills H. Written English Expression Skills	0 0 0 0 0 0	1 2 1 2 1 2 1 2 1 2 1 2 1 2	3 4 3 4 3 4 3 4 3 4 3 4 3 4	5 6 5 6 5 6 5 6 5 6 5 6 5 6	7 8 7 8 7 8 7 8 7 8 7 8 7 8	9 10 9 10 9 10 9 10 9 10 9 10 9 10
<ul> <li>A. Motivation</li> <li>B. Intellectual Ability</li> <li>C. Breadth of General Knowledge</li> <li>D. Understanding of Major Field</li> <li>E. Ability to Analyze Ideas</li> <li>F. Ethical Standards and Integrity</li> <li>G. Oral English and Expression Skills</li> <li>H. Written English Expression Skills</li> <li>I. Potential for Success</li> <li>J. Promise in Scholarship/Creative Ende</li> </ul>	0 0 0 0 0 0 0	1 2 1 2 1 2 1 2 1 2 1 2	3 4 3 4 3 4 3 4 3 4 3 4	5 6 5 6 5 6 5 6 5 6 5 6	7 8 7 8 7 8 7 8 7 8 7 8 7 8	9 10 9 10 9 10 9 10 9 10 9 10

#### RECOMMENDATION FOR SCHOLARSHIP

Full Legal Name					midd	
Present Address			first		midd	le
	er and street		city		state	
Under the Federal Family Educational recommendation. It is your option to vand sign your name.	waive your right	to review the	ese recommendation review this recon	ons or to decline to	do so. Please	
Applicant's signature				Date		
To the Person Providing this RI have known the applicant for	ECOMMENDATI years in my cap	ON: PLEASE pacity as	COMPLETE THIS	SECTION AND MAI	L TO THE ABOV	- 'E ADDRESS.
1. Please rate the applicant on each char		parison with o		same level by circ		ate number
	No Basis For Judgment	Weak	Below Average	Average	Above Average	Exceptional
A. Motivation	0	1 2	3 4	5 6	7 8	9 10
B. Intellectual Ability	0	1 2	3 4	5 6	7 8	9 10
C. Breadth of General Knowledge	0	1 2	3 4	5 6	7 8	9 10
D. Understanding of Major Field	0	1 2	3 4	5 6	7 8	9 10
E. Ability to Analyze Ideas	0	1 2	3 4	5 6	7 8	9 10
F. Ethical Standards and Integrity	0	1 2	3 4	5 6	7 8	9 10
G. Oral English and Expression Skills	0	1 2	3 4	5 6	7 8	9 10
H. Written English Expression Skills	0	1 2	3 4	5 6	7 8	9 10
I. Potential for Success	0	1 2	3 4	5 6	7 8	9 10
J. Promise in Scholarship/Creative Endea		1 2	3 4	5 6	7 8	9 10
K. Overall, I expect the applicant's work t	o be: 0	1 2	3 4	5 6	7 8	9 10
2. On a separate page that you attach t In your opinion, does the applicant						nd weaknesses.
Respondent's Signature	г	Date			Telep	ohone Number
Type or Print Name	Т	itle or Position				

#### RECOMMENDATION FOR SCHOLARSHIP

Present Address    number and street   city	o decline to do		
Under the Federal Family Educational Rights and Privacy Act of 1974 students are entitled to recommendation. It is your option to waive your right to review these recommendations or to and sign your name.	o decline to do	records, incl	
recommendation. It is your option to waive your right to review these recommendations or to and sign your name.      I waive my right to review this recommendations.	o decline to do		
at do not waive my right to review this recon			
Applicant's signature Date	:		
Send this recommendation to: Indiana Region NCCC Scholarship Committee, 2578 S The completed application must be received by June 1, 2024.  TO THE PERSON PROVIDING THIS RECOMMENDATION: PLEASE COMPLETE THIS SECTION		· 	-
I have known the applicant for years in my capacity as	arral bry ainalin		
1. Please rate the applicant on each characteristic in comparison with other students at the same leads to the same lead	evel by circling		ate number
No Basis For Below Judgment Weak Average Av	verage	Above Average	Exceptiona
A. Motivation 0 1 2 3 4 5		7 8	9 10
B. Intellectual Ability 0 1 2 3 4 5	5 6	7 8	9 10
C. Breadth of General Knowledge 0 1 2 3 4 5	5 6	7 8	9 10
D. Understanding of Major Field 0 1 2 3 4 5	5 6	7 8	9 10
E. Ability to Analyze Ideas 0 1 2 3 4 5	5 6	7 8	9 10
F. Ethical Standards and Integrity 0 1 2 3 4 5	5 6	7 8	9 10
G. Oral English and Expression Skills 0 1 2 3 4 5	5 6	7 8	9 10
H. Written English Expression Skills 0 1 2 3 4 5		7 8	9 10
I. Potential for Success 0 1 2 3 4 5		7 8	9 10
J. Promise in Scholarship/Creative Endeavor 0 1 2 3 4		7 8	9 10
K. Overall, I expect the applicant's work to be: 0 1 2 3 4	5 6	7 8	9 10

#### RECOMMENDATION FOR SCHOLARSHIP

Full Legal Name				_							
Present Address				first					midd	le	
number and	l street			city				state			
Under the Federal Family Educational R recommendation. It is your option to wa and sign your name.	ive your right	to rev	iew the	se recor	nmendati	ons or to	decline to	o do so. I			
Applicant's signature						Date					
Send this recommendation to: Indians The completed application must be recommendation to: TO THE PERSON PROVIDING THIS RECOMMENT IN THE PERSON PROVIDING THIS RECOMMENT.	COMMENDATI ears in my cap	e 1, 20 ON: Poacity	024. PLEASE as	COMPL	ETE THIS	SECTION	AND MAI	IL TO THI	E ABOV	- Æ ADDR	
1. Please rate the applicant on each charac		pariso	n with o	ther stud	lents at the	e same lev	el by circ			ate numb	er
	No Basis For Judgment	W	eak		elow erage	Ave	rage	Ab Ave	ove rage	Exce	ptional
A. Motivation	0	1	2	3	4	5	6	7	8	9	10
B. Intellectual Ability	0	1	2	3	4	5	6	7	8	9	10
C. Breadth of General Knowledge	0	1	2	3	4	5	6	7	8	9	10
D. Understanding of Major Field	0	1	2	3	4	5	6	7	8	9	10
E. Ability to Analyze Ideas	0	1	2	3	4	5	6	7	8	9	10
F. Ethical Standards and Integrity	0	1	2	3	4	5	6	7	8	9	10
G. Oral English and Expression Skills	0	1	2	3	4	5	6	7	8	9	10
H. Written English Expression Skills	0	1	2	3	4	5	6	7	8	9	10
I. Potential for Success	0	1	2	3	4	5	6	7	8	9	10
J. Promise in Scholarship/Creative Endeavo		1	2	3	4	5	6	7	8	9	10
K. Overall, I expect the applicant's work to b	pe: 0	1	2	3	4	5	6	7	8	9	10
On a separate page that you attach to In your opinion, does the applicant po	ossess the intel									nd weaki	nesses.
Type or Print Name	Т	itle or Position	1								
Institution or Affiliation									Adde		