

*Carolina Council of Housing & Redevelopment Codes Officials*  
*Scholarship Program Guidelines*

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Mailing Address of School or College you plan to attend:

\_\_\_\_\_  
\_\_\_\_\_

Name and Phone Number of Contact at above college: \_\_\_\_\_

\_\_\_\_\_  
Employer: \_\_\_\_\_

If you have participated in any extracurricular activities, **give a brief description on a separate sheet of paper.**

Will you have other financial assistance to attend college? \_\_\_\_\_

If so, describe nature and source. \_\_\_\_\_

State occupation you plan to pursue. \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Signature of Parent or Guardian