

Northeastern Technical College

P.O. Drawer 1007

Cheraw, South Carolina 29520-1007

APPLICATION FOR MARLBORO COUNTY CHARITIES

List the college you will be attending: \_\_\_\_\_

List your program of study: \_\_\_\_\_

Please check all semesters you plan to attend:

\_\_\_\_\_ Fall 2008

\_\_\_\_\_ Spring 2009

\_\_\_\_\_ Summer 2009

PERSONAL:

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

Address: \_\_\_\_\_
Street City State Zip Code

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

EDUCATION:

List schools previously attended:

Table with 4 columns: Name of School, City/State, Dates Attended, Degree/Diploma Attained. Includes multiple rows for data entry.

Please list all your extra-curricular school activities during your high school career/college career and note any office held in clubs/organizations.

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**COMMUNITY:**

Please list all your community activities during your high school/college career. (Include church, work experience, scouts, volunteer experience, clubs, etc.)

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**FINANCIAL:**

Number of Brothers: \_\_\_\_\_ Names: \_\_\_\_\_

Number of Sisters: \_\_\_\_\_ Names: \_\_\_\_\_

Number of any other family dependents: \_\_\_\_\_ Names: \_\_\_\_\_

Number of other family members in college: \_\_\_\_\_

Name: \_\_\_\_\_ College: \_\_\_\_\_

Name: \_\_\_\_\_ College: \_\_\_\_\_

**PLEASE LIST FAMILY INCOME AS FOLLOWS:**

Name	Occupation	Age	Income
<b>Father:</b> _____			\$ _____
Employer: _____			

**Mother:** \_\_\_\_\_ \$ \_\_\_\_\_

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

**Guardian:** \_\_\_\_\_ \$ \_\_\_\_\_

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

**Spouse:** \_\_\_\_\_ \$ \_\_\_\_\_

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

**Other:** \_\_\_\_\_ \$ \_\_\_\_\_

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

Total family income..... \$ \_\_\_\_\_

\* Attach copy of previous year's income tax return.

**ESSAY:**

Attach separate sheet and explain why you chose to pursue your program and what your future plans are.

**CERTIFICATION:**

I give my approval for information to determine my eligibility, which may include income, and grades, to be reviewed by the College's Scholarship Committee, and I agree to allow my information to be released for publicity in the local newspapers.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian  
**(Required if under age 18)**

\_\_\_\_\_  
Date