



eStart
Scholarship Application



Scholarship amount is \$75.00.

Students are eligible for one Running Start
or one eStart scholarship per term.

SECTION A—TO BE COMPLETED BY STUDENT (please print)

Student Name _____

Complete Mailing Address _____

Student Email Address (for scholarship notification purposes) _____

Name of High School or CTE _____

eStart Course Name _____

CCSNH College offering this course _____

Student Signature _____ Date _____

SECTION B—TO BE COMPLETED BY HIGH SCHOOL STAFF MEMBER

The eStart Scholarship Program is designed to assist students who would not be able to take a course in the eStart Program without this financial assistance. Scholarship applicants must be economically disadvantaged and have a clear financial need (examples include: eligible for the federal free/reduced lunch program, currently receiving other forms of financial assistance, or experiencing other economic hardship, etc.).

I verify that the student qualifies based on the above criteria (one of the following must sign off)

School Counselor *School Nurse* *Administrator*

Name _____ Title _____

Signature _____ Date _____

Please attach the completed application to the eStart registration form.

Mail the registration form and scholarship application to the college offering the eStart course.