

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 COMPI	LETED BY STUDENT (please print)	
Student Name		
Complete Mailing Address		
Student Email Address (for scholarsh	nip notification purposes)	
Name of High School or CTE		
eStart Course Name		
CCSNH College offering this co	urse	
Student Signature	Date	
the eStart Program without this j disadvantaged and have a clear	is designed to assist students who would not be able to take a financial assistance. Scholarship applicants must be economi financial need (examples include: eligible for the federal freeing other forms of financial assistance, or experiencing other of	ically e/reduced
I verify that the student qualifies	based on the above criteria (one of the following must sign of	f)
School Counselor School	ol Nurse Administrator Homeschool Parent	
	unsworn falsification pursuant to RSA 641:3, that I understand true and complete to the best of my knowledge.	ıd that the
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.