



Running Start Scholarship Application



Please fill out one application for each Running Start course for which you register. (Awards are based on available resources.)

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

Student Name _____

Complete Mailing Address _____

Home Phone # _____ E-mail Address _____

Name of High School or CTE _____

CCSNH Course Name _____

CCSNH Partnering College for this course White Mountains Community College

AGREEMENT & CERTIFICATION:

If I am awarded a Project Running Start scholarship, I agree to:

- Send a thank you letter to Governor Lynch in care of CCSNH System Office at 26 College Drive, Concord, NH 03301
- Allow excerpts from my letter to be used for Running Start promotional materials

I accept the above terms and certify that the information I have provided is true and complete to the best of my knowledge.

Student Signature _____ Date _____

SECTION B—TO BE COMPLETED BY HIGH SCHOOL STAFF MEMBER

The Running Start Scholarship Program is designed to assist students who would not be able to take a course in the Running Start 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)

___ Teacher ___ Counselor/Nurse ___ Administrator

Signature _____ Date _____

Student: Staple the completed application to the course registration form and return to your teacher.