

Visions of Tomorrow NC

Scholarship Application Form

Please print your answers clearly. If application is illegible, it will be returned to you.

Last Name: _____ First Name: _____

Home Address: _____

Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: (____) _____ Date of Birth: _____

I verify that I am a United States Citizen or a permanent resident of the United States of America
 Yes No

School I am enrolled in: _____

Current Year: Junior Senior

The application will be attending the following school in the Fall of _____ & the Spring of _____
The prior acceptance or current student enrollment from the above school is required prior to receipt of funds. Applicant must be the same institution for 2 consecutive semesters, in order to be eligible for this scholarship. All funds will be listed directly to your campus and are non-transferable to out-of-state education.

Gross Point Average (GPA): _____ (On a 4.0 scale)

Proof of GPA. Your most recent unofficial or official transcript is required.

Name(s) & Address of parent(s) or legal guardian(s) (if under age 18):

Name: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Phone of parents or legal guardians: _____

Is this your major/degree? _____

The financial assistance you will receive per semester or quarter:

Personal: \$ _____ Other Scholarship: \$ _____

Household Income: \$ _____ Must classify parents/self-income

By signing below, I certify all information is true and correct to the best of my knowledge.

Student/Parent or Guardian Signature: _____

This form must be returned to:

Visions of Tomorrow NC

PO Box 72822

Durham, NC 27722

Email: MILESBL@visionsoftomorrownc.org

Deadline:

All Applications Must Be Received by
March 30th of the requested year.