



MILITARY SCHOLARSHIP APPLICATION

APPLICATION #: _____ (for CU use only) NCCU ACCT. #: _____

APPLICANT NAME: _____

PARENT/LEGAL GUARDIAN NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HIGH SCHOOL: _____

WHAT BRANCH OF MILITARY WILL YOU BE ENTERING? _____

VERIFICATION FROM RECRUITER OR HIGH SCHOOL OFFICIAL

I verify that _____ has enlisted in the _____.
(name of student) (Military Branch)

He/She will be starting this commitment following high school graduation.

Additional Comments (optional):

Name

Position

Signature

Date