

2019 SCHOLARSHIP APPLICATION Maggie LaBella Scholarship

Application deadline is: FRIDAY, MAY 24, 2019

NSCC Foundation • 1 Ferncroft Road • PO Box 3340 • Danvers, MA 01923-0840 978-739-5502 northshore.edu/scholarships

The North Shore Community College Foundation is pleased to offer the Maggie LaBella Scholarship in the amount of \$750 to a graduating student or a past graduate of North Shore Community College's **Direct Support Certificate Program** who is enrolling in one of the following programs at North Shore Community College:

- Development Disabilities Degree Program
- Human Services Practitioner Program

Applicants must enroll at North Shore Community College and plan to take a minimum of six credits per semester during the Fall 2019 semester to be eligible. Financial need will be considered.

Note: This is a one-time scholarship award of \$750, which will be awarded from the NSCC Foundation. The scholarship is non-transferable.

Complete and submit the attached application form by May 24, 2019.

Mail to:

NSCC Foundation Attn: Teresa Lord 1 Ferncroft Road, PO Box 3340 Danvers, MA 01923

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Please contact telord@northshore.edu or 978-739-5502 with questions.



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| I. General Informat | ion | | |
|---|--|---|--|
| First Name: | Last Name: | Date of Birth: | MONTH DAY VEAD |
| Street: | | Telephone (| MONTH-DAY-YEAR |
| City: | | State: | _ Zip: |
| Email: | | | |
| Select your program of study: | | | |
| Develop Disabilities Pro | ogram Human Services Pra | actitioner Program | |
| II. Education | | | |
| Date of graduation (or expecte | ed date) from NSCC Direct Support Certificate | Program : | |
| What are your educational an | nd career goals? | | |
| | ach additional sheet if needed) spect to qualify for in 2019/2020? What is your | financial situation? | |
| Please attach a one-two page, t Maggie LaBella Scholarship. In you for your academic and car share information about your information you wish to share V. Recommendation (Submit a letter of recommend | typewritten personal statement introducing you include information about how your completion reer goals, as well as any barriers or challenges you financial situation, family responsibilities, works with the scholarship review committee. (attach additional sheet) dation from a teacher, advisor, or community in | n of NSCC's Direct Support Certi you have overcome or that you k experience, community involv | ficate Program has prepared currently experience. Please vement, activities or any other |
| information with the NSCC Fou completing this application, I au | nation contained within this application and auth andation and to the appropriate selection committ athorize the NSCC Foundation and NSCC to releas e if requested and to profile my story in print, soci | tee(s) for the purpose of scholars se my biographical, academic and | hip consideration. By l/or financial need history |
| APPLICANT'S SIGNATURE | | | DATE |
| | LICATION DEADLINE IS a to: NSCC Foundation, Attn: Teresa Lord, | | |
| Important: Please check scholarship before mailing in | to make sure you have included the following your application. | g requirements to qualify for an | NSCC Foundation |
| ☐ Application ☐ | Personal Statement | ommendation | |