



## 2024-2025 Samuel M. Taylor Memorial Life Sciences Scholarship Application

**Instructions:** Complete this application and return it to the college Financial Aid Office.

**Name of Scholarship:** Samuel M. Taylor Memorial Life Sciences Scholarship

### Student Information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ NC County of Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

County of residence: \_\_\_\_\_ Length of residency in county: \_\_\_\_ Less than 5 yrs. \_\_\_\_ 5-10 yrs.  
\_\_\_\_ 10+ years (**Note: Some scholarships require residency in a qualifying NC county**).

Check the program below that you are enrolled in.      Grade Point Average (GPA): \_\_\_\_\_

- \_\_\_\_\_ Agricultural Biotechnology
- \_\_\_\_\_ Clinical Trials Research Associate
- \_\_\_\_\_ Facility Maintenance Technology
- \_\_\_\_\_ Bioanalytical Laboratory Technology
- \_\_\_\_\_ Bioprocess Manufacturing Technology

**Additional Information:** Read the scholarship criteria carefully and provide all supporting documentation for the scholarship for which you are applying.

**Acknowledgement and Certification:** I have read and understand the requirements for the scholarship I am applying for. I certify that the information provided on this form is complete and correct to the best of my knowledge.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Completed application and supporting documentation must be submitted by a college representative electronically to Financial Aid Term Scholarship Reporting at [fatsr@nccommunitycolleges.edu](mailto:fatsr@nccommunitycolleges.edu).