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Description automatically generated

**2025-2026 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SID: \_\_\_\_\_\_\_\_\_

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

(**Note:** **Some scholarships require residency in a qualifying NC county).**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

\_\_\_\_Clinical Research Associate (A45190)

\_\_\_\_Facility Maintenance Technology (A50190)

\_\_\_\_Biotechnoogy – Bioanalytical Laboratory Technology (A20100)

\_\_\_\_Biotechnology – Bioprocess Manufacturing Technology (A20100

**Attach an essay using 300 words or less explaining your interest in the life science field of study, include your goals after graduation, and how the scholarship will benefit you financially.**

**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 essay must be submitted on behalf of the applicant by a community college representative. Application must be sent electronically to Financial Aid Term Scholarship Reporting at [fatsr@nccommunitycolleges.edu](mailto:fatsr@nccommunitycolleges.edu).