

NDC Association of Alumni and Friends

2020 Claire M. Bourque Application

APPLICANT INFORMATION (must be completed by an NDC alumni or friend of the College)

NAME: _____

ADDRESS: _____

City _____ State _____ Zip _____

TELEPHONE: _____

EMAIL: _____

Who are you requesting the scholarship for? Self Other

If other, please provide the following:

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship to you: _____

What are you seeking funding for?

Tuition

Books

Higher Education (Specify: _____)

Other Educational Support (Specify: _____)

When will these funds be spent? _____

Please indicate how these funds will assist in supporting the applicant's educational pursuit?

