



# Project Running Start Scholarship Application



Please fill out one application for each  
Project Running Start course for which you  
register.  
(Awards are based on available resources)

## SECTION A—TO BE COMPLETED BY STUDENT (please print)

Student Name \_\_\_\_\_

Address, City, State, Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of High School or CTE where course is being offered \_\_\_\_\_

Community College System of NH (CCSNH) Course Name \_\_\_\_\_

CCSNH Partnering College for this course \_\_\_\_\_

## AGREEMENT & CERTIFICATION:

If I am awarded a Project Running Start scholarship, I agree to:

- Send a thank you letter to Governor Lynch in care of CCSNH System Office at  
26 College Drive, Concord, NH 03301
- Allow excerpts from my letter to be used for Running Start promotional materials

*I accept the above terms and certify that the information I have provided is true and complete to the best of my knowledge.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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## SECTION B—TO BE COMPLETED BY HIGH SCHOOL STAFF MEMBER

*The Running Start Scholarship Program is designed to assist students who would not be able to take a course in the Running Start Program without this financial assistance. Scholarship applicants must be economically disadvantaged and have a clear financial need (examples include: eligible for the federal free/reduced lunch program, currently receiving other forms of financial assistance, single income family or experiencing other economic hardship, etc.).*

*I verify that the student qualifies based on the above criteria (one of the following must sign off)*

- Teacher     Counselor/Nurse     Administrator

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Student: Staple the completed application to the course registration form and return to your teacher.