



**ENGINEERING TECHNOLOGY
SCHOLARSHIP APPLICATION**
(DEADLINE FOR APPLICATIONS: FEB. 15)

Three Rivers
COMMUNITY COLLEGE

PERSONAL	LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	
	STREET ADDRESS			CITY	STATE	ZIP
	MAILING ADDRESS			CITY	STATE	ZIP
	LIST ANY RELATIVES WHO ARE DOMINION EMPLOYEES				E-MAIL ADDRESS	
	RELATIONSHIP (CHECK APPROPRIATE LINES)	LAST NAME	FIRST NAME	M.I.	OCCUPATION	
	<input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN					
	<input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN					
	LIST TWO PERSONAL REFERENCES WHOM WE MAY CONTACT					
	NAME	TITLE	ADDRESS		TELEPHONE NUMBER	
	NAME	TITLE	ADDRESS		TELEPHONE NUMBER	
NAME OF HIGH SCHOOL ATTENDING/LAST ATTENDED			LOCATION (CITY & STATE)			
MO. & YR. YOU TOOK/WILL TAKE S.A.T. TEST	MO. & YR. OF HIGH SCHOOL GRADUATION		MO. & YR. OF EQUIVALANCY DIPLOMA			
GUIDANCE COUNSELOR'S NAME		SCHOOL				
LIST BELOW ANY EDUCATIONAL INSTITUTIONS YOU HAVE ATTENDED BEYOND HIGH SCHOOL						
INSTITUTION NAME	LOCATION (STATE)	DATES ATTENDED (Mo & Yr) FROM - TO		DEGREE/CERTIFICATE AWARDED (Mo & Yr)		
COMMENTS						
PLEASE HAVE AN OFFICIAL COPY OF YOUR HIGH SCHOOL ACADEMIC RECORDS INCLUDING TRANSCRIPTS, CLASS RANK AND S.A.T. SCORES FORWARDED BY FEBRUARY 15 TO:						
<p>Professor James R. Sherrard Chairman, Nuclear Program Three Rivers Community College 574 New London Turnpike Norwich, CT 06360</p>						

EDUCATION

EXTRA CURRICULAR ACTIVITIES

ATHLETICS	NAME SPORTS		
MUSICAL ORGANIZATIONS	NAME ORGANIZATION		
	BAND (INSTRUMENT)	ORCHESTRA (INSTRUMENT)	VOCAL GROUPS
OTHER SCHOOL ORGANIZATIONS	NAME ORGANIZATIONS AND OFFICES HELD		
COMMUNITY ORGANIZATIONS	NAME ORGANIZATIONS AND OFFICES HELD		
SPECIAL RECOGNITION	NAME HONORS, AWARDS, PRIZES RECEIVED, ETC.		
EMPLOYMENT HISTORY (Summer, Part Time)	EMPLOYER	ADDRESS	
	DATES OF EMPLOYMENT	JOB DESCRIPTION	
	EMPLOYER	ADDRESS	
	DATES OF EMPLOYMENT	JOB DESCRIPTION	
	EMPLOYER	ADDRESS	
	DATES OF EMPLOYMENT	JOB DESCRIPTION	
	EMPLOYER	ADDRESS	
APPLICANT REQUIREMENTS	WRITE OR TYPE A 200 – 300 WORD ESSAY DESCRIBING ONE EXPERIENCE WHICH SIGNIFICANTLY INFLUENCED YOUR DEVELOPMENT AS AN INDIVIDUAL. (USE 8 ½" X 11" PAPER AND ATTACH TO THIS APPLICATION.)		
SIGNATURES	APPLICANTS SIGNATURE	DATE	
	THIS APPLICATION IS MADE WITH MY CONSENT		
	PARENT'S OR GUARDIAN'S SIGNATURE	DATE	
	RELATIONSHIP		
	LEGAL ADDRESS (NUMBER & STREET, TOWN, STATE, ZIP)		