

Scholarship Application

North Suburban Communications Commission
950 Woodhill Dr.
Roseville, MN 55113

Last Name:	First Name:	Date:	
Home Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Home Phone #:	Other Phone #:	Years at Home:	
School Name:	Major:	Student ID#	
School Address:	City:	State:	Zip:
Cumulative G.P.A.	Credits to Date: (Include current Qtr/Sem)	Years Enrolled:	

Cable TV, Community Television or Related Experience:

(Use additional pages if necessary)

Community and School Activities:

(Use additional pages if necessary)

The information provided in this application is true to the best of my knowledge. I understand that any misrepresentation could result in the immediate disqualification of my application or, if a scholarship is awarded, the revocation of the same.

(Signature)