



**American  
Red Cross**

**Central North Carolina Chapter**

4737 University Drive, Durham, NC 27707

919-489-6541. ext. 328

[cncc.redcross.org](http://cncc.redcross.org)

[CNCCDurham@usa.redcross.org](mailto:CNCCDurham@usa.redcross.org)

## **Scholarship Application**

Central North Carolina Chapter, American Red Cross, sponsors a limited number of need-based partial scholarships. **Students submitting scholarship applications are not automatically enrolled in a class.** If awarded a scholarship, students will be placed in spaces reserved for scholarship recipients.

### **Residency Requirement**

- Applicants must live in Durham, Granville, Person, or Vance Counties.

### **Instructions**

To be considered for a scholarship, please complete and submit:

- 1. Scholarship Application Form**
- 2. Photocopy of recent pay stub**
- 3. Statement of Need**

Mail or fax completed application and copy of recent pay stub to:

**Scholarship**

**PO Box 52509**

**Durham, NC 27717-2509**

**Fax # 919-489-4026**



**Course Selection**

Which course are you applying to attend? Please check one.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> First Aid                        | <input type="checkbox"/> First Aid with Adult CPR/AED                    | <input type="checkbox"/> CPR/AED for the Professional Rescuer        |
| <input type="checkbox"/> Adult CPR/AED                    | <input type="checkbox"/> First Aid with Adult, Child, and Infant CPR/AED | <input type="checkbox"/> CPR/AED for the Professional Rescuer Review |
| <input type="checkbox"/> Child and Infant CPR/AED         | <input type="checkbox"/> Adult, Child, and Infant CPR/AED Review         | <input type="checkbox"/> Sports Safety Training                      |
| <input type="checkbox"/> Adult, Child, and Infant CPR/AED |  |  |

**Certification**

I certify that the information furnished on this form is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Mail or fax completed application and copy of recent pay stub to:

**Scholarships  
PO Box 52509  
Durham, NC 27717-2509  
Fax # 919-489-4026**



**American  
Red Cross**

**Central North Carolina Chapter**

4737 University Drive, Durham, NC 27707

919-489-6541. ext. 328

[cncc.redcross.org](http://cncc.redcross.org)

[CNCCDurham@usa.redcross.org](mailto:CNCCDurham@usa.redcross.org)

**Scholarship Application  
Applicant Statement**

In the space below, please describe:

- Why you wish to attend this course
- What you hope to learn from attending
- Anything else that you would like to share about yourself, including unusual financial circumstances that may affect need.

Please write neatly or type and attach additional page(s) if needed.

-----

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date