



P.O. Box 185, 5049 Highway 306 South, Grantsboro, N.C. 28529

www.pamlicocc.edu

252-249-1851 Ext. 3026

252-249-1622 (Fax)

Trollinger Scholarship for Health Sciences

This application is for the Trollinger Scholarship for Health Sciences. To be eligible for this scholarship you must be in the Medical Assisting program. If you were seeking aid from another scholarship, please fill out the general scholarship application which can also be found on the Pamlico Community College website. In order to be considered for scholarships, you must complete the 2023-2024 Free Application for Federal Student Aid (FAFSA). To apply for the FAFSA, go online at www.studentaid.gov/h/apply-for-aid/fafsa. Assistance in completing the FAFSA is also available in the financial aid office.

Additional requirements may be requested of potential scholarship recipients such as meeting with the donor and attending the Annual Scholarship Award Night.

Please note: Awarding of scholarships is contingent upon the availability of funding.

Scholarship Applications are due to the Financial Aid Office no later than August 9, 2023.

Email to:

Gretchen Steiger
Director of Financial Aid
gsteiger@pamlicocc.edu

Mail to:

***Pamlico Community College
c/o Financial Aid-Scholarships
PO Box 185
Grantsboro, NC 28529***

All questions must be answered in detail. If additional space is needed, please attach additional sheets.

Name: _____ Date: _____

Address: _____ PCC ID#: _____

City, State, Zip: _____ Telephone: _____

Are you a NC Resident? _____ Yes _____ No When did you move to NC? _____

What is your program of study? _____ County of Residence? _____

High School Attended: _____

Did you graduate? _____ Yes _____ No Year graduated: _____

If you did not graduate High School, did you complete Adult High School or receive your GED? _____ Yes _____ No

If Yes, from where? _____ Year: _____

What is your most recent GPA? _____ High School or College (Circle which type)

Please tell us other relevant information about you in the space below. For example, any awards, achievements, volunteering, religious, leadership work, life experience, goals or a way you have demonstrated good character.

STATEMENT OF UNDERSTANDING

I certify that the above information is true to the best of my knowledge. I understand that my application may be viewed by committee members who could include Pamlico Community College faculty, staff, foundation members, board members, as well as, the scholarship provider. I also understand that if any part of this Scholarship Application is not completed or signed in the designated locations I will not be eligible.

I understand that I will be expected to adhere to the terms and conditions of any scholarship that I may receive from Pamlico Community College. I will also be required to be in attendance at the annual Scholarship Banquet. The banquet is a function of the Pamlico Community College Foundation. The date and time is set by the Foundation and will be announced in the near future.

I understand that if I receive a scholarship from Pamlico Community College that the college may release information about me to the donor and/or media.

(Signature of Applicant)

(Date)

Office Use Only						
Major	Year in School	Hours Attempted	Hours Earned	Cumulative GPA	Financial Need EFC per FAFSA	Total Amount Funded to date

Signature of Certifying Official

Date