

SUMMER TRANSFER SCHOLARSHIP APPLICATION

Student Name		ICC ID #		
Permanent Mailing Add	lress:			
City, State, Zip		Phone		
Email address				
Currently enroll	ed in a program o	f study at a 4-year o	college/university	
Name of Colleg	e/University			
Unofficial transc	cript is attached (r	equired)		
Summer course	e(s) enrollment at	Isothermal Commu	nity College	
If checked, I plan to tak		urse(s) at ICC: SECTION #	LOCATION	
Note: It is the student course(s) to their pro				
and/or registrar at the				
Applicant's Signature			Date	
in the Student Center questions, call Financi	or email docume al Aid at 828-395	nts to <u>financialaid@</u> 5-4198.		
Applications must be r	ereiven neinie 2	unimei paymentis	uu c .	