Business & Training Center
Non-Credit Program Scholarships
Up to 50% of Tuition* per program!

Instructions to complete a scholarship application:

1. Complete and submit the attached 2-page Scholarship Application for Non-Credit Courses.
3. Certain programs such as CNC Production, HVAC, Medical Assistant Training, Medical Office Specialist and Project SEARCH require an additional admissions application process. Contact Business & Training Center for more details.

* Scholarships cannot be used for Online Professional Development courses.

Scholarship Application deadline:
At least two weeks before the start date of the class for which you are applying.

Completed applications can be mailed, faxed, emailed or dropped off at the Business and Training Center.

Business and Training Center
Great Bay Community College
320 Corporate Drive
Portsmouth, NH 03801

Fax: 603-334-6308
Email: GreatBayBTC@ccsnh.edu

Scholarships are generously supported by:
Great Bay’s Distinguished Donors

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Business & Training Center  
Non-Credit Program Scholarship Application  

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Name: ______________________________________________________________

Address: ______________________________________________________________________________

City: ______________________ State: ______________________ Zip: __________

Date of Birth: ______________ Phone: ______________________ Email: __________________________________

Program of Study at GBCC: ________________________________________________________________

Start Date: ______________________ Total Cost: ______________________

NOTES:
1. Awards will **not** be made after the start of class.
2. This application can be used for **one class** only. If you are interested in more than one class or class start date, a separate application must be submitted for each class.
3. Scholarships are for **tuition only**. Books, fees, supplies, etc. are **not** included.

Resources:

**Amount of money you can contribute toward your education** $ ____________

Other Scholarship/ Financial Assistance Available to you:

- Workforce Innovation & Opportunity Act $ ____________
- Loans $ ____________
- Veterans/GI Benefits $ ____________
- Employer Tuition Reimbursement $ ____________
- Vocational Rehabilitation $ ____________
- Family/Friends $ ____________
- Other $ ____________

**TOTAL** $ ____________

**Aid Gap (tuition minus total resources)** $ ____________

**Total Amount of Scholarship Aid Requested** $ ____________

For Office Use Only:

EFC: ________ % Eligible: ___________ Amount: ________ Disbursed: ________ School Official: ________
Statement of Need

Please indicate the reason(s) you are seeking financial help. Include any extenuating circumstances.

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I declare that all of the information provided on this application is true and accurate.

Signature ____________________________ Date __________________________