



# The North Carolina Region Scholarship Award Application

*Awarded by the NC Region AACA*

## *Institution*

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

Sponsor Name \_\_\_\_\_ AACA Membership No. \_\_\_\_\_

NC Region Chapter \_\_\_\_\_

**Attach to this Application: Description of equipment needed and overall review of institution and program(s) affected.**

**Applicant's**  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sponsor's**  
Signature \_\_\_\_\_ Date \_\_\_\_\_

***Application Must be Received by the Committee Chair on or before March 31.***