

REG CARR MEMORIAL SCHOLARSHIP APPLICATION

INSTRUCTOR RECOMMENDATION

CONFIDENTIAL

STUDENT INFORMATION

NLC STUDENT ID		DATE OF APPLICATION	
NAME OF APPLICANT (FIRST AND LAST NAME)			

1. Please fill out each section in writing
2. **Submit directly to the Student Awards Administrator (Cleo Carifelle)**

ATTENDANCE

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CLASSROOM PARTICIPATION

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ATTITUDE AND INTERACTION WITH CLASSMATES & INSTRUCTORS

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ASSESSMENT OF TECHNICAL TRAINING

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SIGNATURES

NAME		TITLE	
SIGNATURE		DATE	