



NCTC BEST SEAT IN THE HOUSE SCHOLARSHIP ACCEPTANCE AGREEMENT

PLEASE TYPE OR PRINT CLEARLY

<i>Last Name</i>	<i>First Name</i>	<i>Middle</i>	<i>Date</i>
<i>Mailing Address</i>	<i>City</i>	<i>State/Zip</i>	<i>County</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Daytime Phone</i>	
<i>Email Address</i>	<i>Date of Birth</i>	<i>SSN</i>	

IF UNDER 18, PLEASE GIVE NAME OF PARENT OR LEGAL GUARDIAN BELOW:

<i>Parent/Guardian Name</i>	<i>Parent/Guardian Address</i>
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SEMESTER/YEAR APPLYING FOR: (CHECK ALL THAT APPLY)

Fall _____	Spring _____	Summer I _____	Summer II _____	Year _____
<i>College Major or Field of Study</i>		Full-time _____	Part-time _____	
		<i>Plan to attend (check one)</i>		

INDICATE WHICH PROGRAM YOU WILL BE PARTICIPATING:

Vocal Music _____	Piano _____	Drama _____	Instrumental Music _____	Dance _____	Art _____
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THIS AGREEMENT WILL NOT BE CONSIDERED UNLESS SIGNED BELOW:

I hereby give permission to use information provided on this application form for recognition and publicity purposes if I am selected to receive a scholarship award. I also give permission to release information concerning my academic progress to donors of any scholarship I receive. I certify that I have read and understand the scholarship eligibility requirements and that all the information given on this application form is true and correct to the best of my knowledge.

<i>Applicant Signature</i>	<i>Date</i>
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<i>Faculty's Signature</i>	<i>Date</i>	<i>Scholarship Amount Awarded</i>
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COMPLETED APPLICATIONS SHOULD BE RETURNED TO:

NCTC Foundation, Inc
1525 W. California Street Suite 309
Gainesville, Texas 76240-4699
Phone: 940-668-4213