

**East Carolina
Reach Up Scholarship Program
2009-2010**

Student Application

Current Date: _____

Name of Student: _____ **Age:** _____

Current Grade Level: _____ **Date of Birth:** _____

Telephone Number: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Street address _____

Will you require transportation to the program during the summer? _____

My child has my permission to participate in the East Carolina Reach Up Program.

(Parent's/Guardian's Signature)

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Student Application

- A. COURSES: Place the grade you received in the blank provided.
If a course has not been taken, leave it blank.**

English _____ Math _____ Pre-Algebra _____

Algebra _____ General Science _____ Physical Science _____

EOG Test Score: Reading _____ Math _____

- B. WHY DO YOU WANT TO PARTICIPATE IN THE EAST CAROLINA REACH UP SCHOLARSHIP PROGRAM ?:**

- C. WHAT WOULD THE TITLE OF YOUR SCIENCE FAIR PROJECT BE AND WHY ?:**

- D. TEACHER RECOMMENDATION: (Please provide the attached recommendation from a teacher or guidance counselor.)**

- E. Mail or Fax completed application by APRIL 3, 2009 to:**

East Carolina
Reach Up Scholarship Program
313 Flanagan Building
East Carolina University
Greenville, NC 27858
PHONE: (252) 328-9366
FAX: (252) 328-9371

Student Name _____

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Recommendation Form

(to be completed by a science teacher or guidance counselor)

This form must be included in the application packet.

Student Applicant's

Name: _____

Teacher's Name: _____

Subject: _____ **Grade:** _____

1. How long have you known the applicant?
2. What are some of the applicant's strengths in science and/or mathematics?
3. Do you think participating in the East Carolina Reach Up Scholarship Program will benefit this applicant? Why or why not? (*Please continue on a separate sheet of paper if needed*)