

North County Community College
Scholarship Application Cover Page

Saranac Lake Voluntary Health Association, Inc.
81 Main St., Suite 3
Saranac Lake NY 12983
Phone: 518-891-0910 Fax: 518-891-2879

Applicant Name ((please include middle initial):

Mailing Address: _____

City _____ State _____ Zip Code _____

Personal E-Mail: _____ NCCC E-Mail _____

Home Phone: _____ Cell Phone _____

County of Residence: _____

Program of Study:

Before receiving any scholarship funds, winners agree to one of the following as determined by the Saranac Lake Voluntary Health:

- **have their photo taken with a representative of the Saranac Lake Voluntary Health**
- **submit a headshot for press purposes**

All information received will become the property of the Saranac Lake Voluntary Health Association, Inc. (SLVHA) to further promote the SLVHA future scholarship initiatives.