2024 Opening Doors to Success Scholarship

An experience in Higher Education for First Generation and Economically Disadvantaged Students

This form determines eligibility for the Opening Doors to Success Program. This form also provides information that will allow Navarro College to better understand the applicant and provide special help should assistance be required in successfully accomplishing your educational goals.

All information on pages 1 and 2 of the application must be completely filled out, legible, and received or postmarked to the address below by 5:00 PM Friday, April 5th, 2024, No EXCEPTIONS. Late or incomplete applications will not be accepted.

Navarro College Attn: Richey Cutrer, AB 252 3200 West 7th Avenue Corsicana, TX 75110

Corsicana, TX 75110			
Please print legibly or ty	oe		
DATE:			
NAVARRO COLLEGE S	TUDENT ID NUMBEF	₹:	
STUDENT'S NAME:			
DATE OF BIRTH			
PERMANENT ADDRESS	<u> </u>		
PERMANENT ADDRESS	(STREET)	(CITY)	(STATE & ZIP CODE)
PHONE NUMBER:			
EMAIL ADDRESS:			
PARENT/GUARDIAN LI	EGAL		
NAME:			
PARENT/GUARDIAN PI	HONE		
NUMBER:			
			EGE DEGREE?
HAVE YOU COMPLETE	D YOUR FAFSA/TAS	FA FOR 2024-2025?_	
PLEASE BRIEFLY EX			
FLEASE DRIEFL I E/	AFLAIN TOUR EDUC	ATION	

PLEASE PROVIDE THE FOLLOWING INFORMATION TO COMPLETE YOUR APPLICATION:

- High school transcript
- A letter of recommendation from your High School Counselor

Late or incomplete applications will not be accepted.

All signatures must be on this application form.

By signing below we understand that the information provided on this application is true and accurate. Additionally, by signing below I give Navarro College permission to share information regarding scholarship recipients to others within the college and authorized state agencies.

Student Applicant	Date
Parent/Legal Guardian	Date
High School Counselor	Date