



**Required Graduation/Completion Form**  
**Robert C. Byrd Honors Scholarship**  
**North Carolina Department of Public Instruction**  
[www.ncpublicschools.org/recruitment/scholarships/byrd/](http://www.ncpublicschools.org/recruitment/scholarships/byrd/)

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*Please complete this form if you are a scholarship recipient who has received their undergraduate degree OR completed their fourth year of scholarship receipt*

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

The following information is **REQUIRED**.

\_\_\_\_\_

(Degree Obtained/ Anticipated)

\_\_\_\_\_

(College/University)

\_\_\_\_\_

(Actual or Anticipated Graduation Date – mm/dd/yy)

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**\*\*A final transcript must be sent with this form\*\***

Signature of the Robert C. Byrd Honors Scholarship Graduate:

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

**Please mail to:**  
**Robert C. Byrd Honors Scholarship**  
**NC Department of Public Instruction**  
**Educator Recruitment and Development**  
**6330 Mail Service Center**  
**Raleigh, NC 27699-6330**