



Summer Semester 2017 Scholarship Application

PERSONAL INFORMATION

First Name: Last Name:

Street Address:

City:

State: Zip Code:

E-mail Address:

Phone Number

Have you completed the FAFSA for the 2016-2017 academic year? Yes
 No

Do you receive scholarships from outside sources? Yes No If yes, please list.

Academic Information

Course of Study:

Number of Credit Hours this semester

Number of semesters already completed G.P.A.:

Current Faculty Advisor

Please tell us about yourself. Include your goals after graduation, community service, current activities and awards.

Please provide a statement that details the economic impact on you and your family if you were chosen to receive a scholarship, in addition to any special circumstances you are currently experiencing. If you need more space to provide statement, please continue on back of this page.

This application contains accurate information to the best of my ability. Falsification of information will result in the termination of any scholarship granted. In addition, I understand a copy of my application may be shared with members of the Haywood Community College Foundation Scholarship Committee. This application becomes the sole property of Haywood Community College. It is my responsibility to provide information if any information on this application changes.

Signature

Date

Please return application to Tracy Rapp, Financial Aid Office, or by email at tkrapp@haywood.edu. If you have any questions call Tracy at 627-4509.

Office Use Only

EFC

Ranking

Notes