

Scholarship Application

All questions must be answered for the application to be considered.
 Print legibly or type and return to your instructor or program coordinator.

GENERAL INFORMATION

Name _____ SSN# xxx – xxx - _____

Mailing Address _____

County of Residence _____ Years in County? ____ Phone _____

Email address _____ Do you live with your parents? Yes No

Student’s Marital Status Single Married Separated/Divorced

Are other family members in college? Yes No If yes, who and where? _____

List your dependents and their ages _____

EDUCATIONAL AND EMPLOYMENT INFORMATION

Program of study _____ Program Coordinator _____

Class start date _____ Completion date _____ Course Code _____

Previous education: HS Diploma GED/Adult High School Diploma College graduate

Name of high school _____ Are you a veteran? Yes No

Are you working now? Yes No If yes, how many hours per week? _____

Employer’s name _____ Position _____

INCOME INFORMATION- Complete in full so that we can have an idea of your family’s financial situation. Please provide a copy of your taxes, if available.

1. Student/spouse’s 2020 Income (include wages, unemployment benefits etc.) _____
2. Student/spouse’s 2020 Non-Taxable Income (child support, Social Security, etc.) _____

If you are 23 or under, not married, and have no dependent children, please provide:

3. Parents’ 2020 Income (include wages, unemployment benefits, etc.) _____
4. Parents 2020 Non-Taxable Income (child support, Social Security, etc.) _____
5. **Total 2020 Income for your household** (Total lines 1, 2, 3, and 4) _____
6. How many people are dependent on this income? _____

7. What do you anticipate your total 2021 income to be for your household? _____

ADDITIONAL QUESTIONS

Have you or any of your family been impacted by COVID? _____

Have members of your immediate family worked for or owned a farming or agricultural related business now or in the past? ____ yes ____ no

Have you or members of your immediate family been employed in traditional industries such as furniture, textiles, or tobacco manufacturing? ____ yes ____ no

Has anyone in your household lost their job in the past two years? ____ yes ____ no

Has anyone in your household transitioned from a full-time job to a part-time job? ____ yes ____ no

List **special circumstances regarding** your income that the Scholarship Committee should know:

Please explain your need for scholarship funds, how a scholarship will help you complete your program, and your future goals after graduation.

I declare that the information provided on this application is true, correct, and complete to the best of my knowledge.

Student Signature

Date

****For more information or to inquire on the status of your application please email HCC-Scholarships@haywood.edu or call 828.627.4509.**

For FAO Use Only:

Award Decision: Approved Denied

Workforce Development Scholarship _____ **Award Amount:** _____

Golden Leaf Scholarship _____ **Award Amount:** _____

Tools & Technology Scholarship _____ **Award Amount:** _____

SECU Scholarship _____ **Award Amount:** _____ **(Additional Application Needed)**

GEER _____ **Award Amount:** _____

Award Term: _____ **Award Total:** _____ **Course Code:** _____

Notes: -
