

SEWARD COUNTY COMMUNITY COLLEGE DEVELOPMENT FOUNDATION

1801 N. Kansas, PO Box 1137 Liberal, KS 67905-1137

SCHOLARSHIP & GRANT APPLICATION

PRIORITY DATE FOR FALL—APRIL 1; FOR SPRING—NOV. 1

An application for admission, an application for scholarship and a transcript must be on file in the SCCC Admissions Office if you wish to be considered for a scholarship. High school students must submit a seven-semester transcript and transfer students must submit all prior college transcripts before a final award will be made. Applications will be accepted after the priority date but will be considered only as funds are available. Please complete all questions. Print in dark ink or type.

INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR SCHOLARSHIP AWARDS.

SECTION A: GENERAL INFORMATION (PLEASE PRINT)

1. FIRST NAME _____ MIDDLE _____ LAST _____
2. SOC. SEC. NO. _____ MALE _____ FEMALE (CIRCLE ONE) _____ DATE OF BIRTH _____
3. PERMANENT ADDRESS _____ CITY _____ STATE _____ ZIP _____
4. PERMANENT PHONE # _____ COUNTY OF LEGAL RESIDENCE _____
5. EMAIL ADDRESS _____ DO YOU PLAN TO LIVE ON CAMPUS? YES NO
6. SEMESTER AND YEAR FOR WHICH YOU ARE APPLYING _____
7. I AM ENROLLING AT SCCC AS A
- NEW FRESHMAN (NO COLLEGE HOURS) CONTINUING OR RETURNING SCCC STUDENT
- NEW FRESHMAN (WITH COLLEGE HOURS) TRANSFER STUDENT
8. IS A MEMBER OF YOUR FAMILY EMPLOYED AT SEWARD COUNTY COMMUNITY COLLEGE? YES NO

SECTION B: HIGH SCHOOL/GED INFORMATION

9. HIGH SCHOOL _____ CITY _____ STATE _____
10. HIGH SCHOOL CUMULATIVE GPA IS _____, BASED ON A 4.0 SCALE; OR GED AVERAGE SCORE _____
11. HIGH SCHOOL/GED GRADUATE: YES; IF YES, DATE OF GRADUATION _____
- NO; IF NO, EXPECTED DATE OF GRADUATION _____

SECTION C: COLLEGE INFORMATION

12. ALL COLLEGES, TECHNICAL SCHOOLS ATTENDED _____
13. CUMULATIVE GPA IS _____, BASED ON A 4.0 SCALE WITH _____ CREDIT HOURS.
14. CURRENT FIELD OF STUDY/MAJOR _____
15. EXPECTED ENROLLMENT FOR THE YEAR: 15 + HRS 6-12 HRS 3-5 HRS
16. EXPECTED GRADUATION DATE FROM SCCC MONTH _____ YEAR _____

Additional financial aid may be available by completing a Free Application for Federal Student Aid (FAFSA). For more information, contact the SCCC Student Financial Aid Office.

PLEASE COMPLETE REVERSE SIDE

SECTION D: SCHOLARSHIP INTERESTS

- GENERAL ACADEMIC SCHOLARSHIP
- SEWARD COUNTY COMMUNITY COLLEGE TUITION GRANT (SEWARD COUNTY, KANSAS RESIDENTS ONLY).
- OTHER SPECIFIC SCHOLARSHIP REQUESTED (IF KNOWN) _____

ACTIVITY/PERFORMANCE SCHOLARSHIPS:

- | | |
|---|---|
| <input type="checkbox"/> AGRICULTURE/AGRICULTURE JUDGING* | <input type="checkbox"/> JOURNALISM* |
| <input type="checkbox"/> ART* | <input type="checkbox"/> PEER TUTOR* |
| <input type="checkbox"/> ATHLETICS* _____ (SPORT) | <input type="checkbox"/> SPIRIT SQUAD* |
| <input type="checkbox"/> CRIMINAL JUSTICE* | <input type="checkbox"/> SAINTS-N-ACTION AWARD* |
| <input type="checkbox"/> DECA* | <input type="checkbox"/> SPORTS MEDICINE/ATHLETIC TRAINING* |
| <input type="checkbox"/> DRAMA/THEATER* | <input type="checkbox"/> STUDENT MANAGER* _____ (SPORT) |
| <input type="checkbox"/> INSTRUMENTAL MUSIC* _____ | <input type="checkbox"/> VOCAL MUSIC* |

*Sponsor recommendations are required to receive an award.
Recipients are required to participate in the program for which the scholarship is offered.

ALLIED HEALTH PROGRAM SCHOLARSHIPS:

- | | |
|--|--|
| <input type="checkbox"/> MEDICAL LABORATORY TECHNICIAN | <input type="checkbox"/> SURGICAL TECHNOLOGY |
| <input type="checkbox"/> NURSING | <input type="checkbox"/> RESPIRATORY THERAPY |

SECTION E: ADDITIONAL INFORMATION

Information in this section may be used in awarding scholarships with special criteria.

PLEASE ELABORATE ON SKILLS, AWARDS, SCHOOL AND COMMUNITY ACTIVITIES. _____

WORK HISTORY _____

CAREER PLANS _____

PLEASE ADD ANY FURTHER INFORMATION YOU FEEL WOULD BE HELPFUL ON A SEPARATE SHEET

SECTION F: CERTIFICATION AND RELEASE INFORMATION

I hereby state, that to my knowledge, all information contained on this form is accurate. In the event that any information is left incomplete that may be obtained from Seward County Community College, I give SCCC permission to release this information to the Seward County Community College Development Foundation. I also understand that I am applying for financial assistance to further my education. I give the SCCC Development Foundation permission to release the above information to Seward County Community College or other organizations for consideration of other financial assistance. I give the SCCC Development Foundation permission for my name and other general information to be released to the news media if I am awarded a scholarship.

SIGNATURE OF APPLICANT _____ DATE _____

SCCC and the SCCC Development Foundation do not discriminate on the basis of race, religion, color, national origin, age, sex or physical and/or economic disability.