

McDowell Technical Community College
Scholarship Application

6/1/2011

Name: _____
Social Security Number: _____
Address: _____
Phone(s): _____

CURRENT EMPLOYMENT/OTHER INCOME

Current Employer: _____
Hrs. worked wkly? _____ Hourly/monthly rate? _____
Spouse's Employer: _____
Hrs. worked wkly? _____ Hourly/monthly rate? _____
Other Income? _____ Monthly amt rcvd? _____
Is anyone in your household widowed or disabled? _____
If so, please explain briefly in the comment section on the back of this application
Is anyone in your household employed by federal, state or local government? _____
If so, please explain briefly in the comment section on the back of this application

PARENTAL EMPLOYMENT/OTHER INCOME

****This section is to be completed only if you are considered a dependent student****

Father's Employer: _____
Hrs. worked wkly? _____ Hourly/monthly rate? _____
Mother's Employer: _____
Hrs. worked wkly? _____ Hourly/monthly rate? _____
Other Income? _____ Monthly amt rcvd? _____
Is anyone in your parent's household widowed or disabled? _____
If so, please explain briefly in the comment section on the back of this application
Is anyone in your parent's household employed by federal, state or local government? _____
If so, explain briefly in the comment section on the back of this application

ACADEMIC INFORMATION

Name of Last (or current) High School: _____
High School/GED Graduation Date: _____
List honors, offices held and activities while in high school: _____
Current/anticipated major at MTCC: _____
List honors, offices held and activities while at MTCC(if you are a returning student): _____

(continued on back)

ENROLLMENT INFORMATION

Are you classified as an in-state resident for tuition purposes? _____
Are you a first-time college student? _____
When do you plan to graduate from MTCC? _____
Please indicate the semester for which you are requesting financial assistance:
Fall _____ Spring _____ Summer _____

FINANCIAL AID/SCHOLARSHIP INFORMATION

Have you been awarded assistance from any of the following sources?

	amt/frequency		amt/frequency
Veteran's Benefits	\$ _____	WIA/TRA/TAA	\$ _____
Other/Outside Scholarships	\$ _____		\$ _____

COMMENT SECTION

In the space provided below, please give any additional information that you would like the MTCC Scholarship Committee to consider when the evaluation and awarding of scholarships begins (e.g. special circumstances such as recent job loss, unusually high medical expenses, change in family size, etc).

Students must have completed a 2011/12 FAFSA (Free Application for Federal Student Aid) with results submitted to MTCC before scholarship applications will be considered.

By signing below, I certify that the information provided is true and accurate to the best of my knowledge. If awarded scholarship funds, I authorize MTCC and the NC Community College System to release my name/address to the scholarship sponsor and news media. I understand that the Federal Educational Rights and Privacy Act of 1974 may prevent any disclosure of information if I chose not to sign this release.

Signature: _____

Date: _____