



SCHOLARSHIP APPLICATION

For Office Use Only: _____

Academic Year: _____ Score: _____

Award: _____

Date: _____

PART I. PERSONAL DATA

A. NAME (Please print): _____ (Last) (First) (Middle Initial)

B. PERMANENT MAILING ADDRESS: _____ (Street, Box or Route No.) (City/Town)

_____ (State) (Zip Code) (County) (Phone Number: Home) (Phone Number: Work)

C. DATE OF BIRTH: (mo) _____ (day) _____ (yr) _____ D. SEX: [] Male [] Female

E. ETHNIC IDENTITY: [] Black [] American Indian [] White [] Other

F. SOCIAL SECURITY NUMBER: _____/_____/_____ G. STATE OF LEGAL RESIDENCE: _____

H. HIGH SCHOOL FROM WHICH YOU GRADUATED OR PLAN TO GRADUATE: _____

I. LOCATION OF SCHOOL: _____ (City/Town) (County) (State)

J. DATE OF HIGH SCHOOL GRADUATION (OR EXPECTED DATE OF GRADUATION: _____ (Enclose copy of High School Transcript)

K. HAVE YOU COMPLETED ADULT HIGH SCHOOL OR RECEIVED A G.E.D. CERTIFICATE: (Enclose copy of Certificate) [] YES [] NO

DATE _____ LOCATION _____ (School) (City) (State)

L. INTENDED CAREER GOAL: _____

M. CURRENT STATUS: [] New Student – I plan to major in _____ (Program of Study)

[] Returning Student – I plan to major in _____ (Program of Study)

Number of Credits Needed to Graduate _____

Number of Semesters Needed to Graduate _____

PART II. FINANCIAL DATA

| A. APPLICANT'S STATUS | <u>This Year</u> | | <u>Next Year</u> | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| 1. Did or will you live with your parents for more than six weeks (42 days)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did or will your parents claim you as an income tax exemption? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer "Yes" to any of these questions, complete both the PARENTS column in Section B below, and the APPLICANT (and Spouse) column.

B. HOUSEHOLD AND MARTIAL STATUS:

1. I am Single Separated Widowed Married Divorced

2. Number in Household: _____
(number should include you, as well as parents/spouse, children)

3. Income Information

(NOTE: You must give correct information. Should you falsify information, you will be automatically disqualified.)

1. Income Earned for last tax year.....
2. Other nontaxable income and benefits from the last tax year.....
 - a. Social Security Benefits.....
 - b. Aid to Families with Dependent Children (AFDC or ADC)
 - c. All other nontaxable income and benefits from the last tax year (child support, disability income, etc.).....
3. Expected total income and benefits this year.....
4. Savings and net assets.....

| APPLICANT (and Spouse) | PARENTS |
|---|---|
| <input type="checkbox"/> from a complete tax return | <input type="checkbox"/> from a complete tax return |
| <input type="checkbox"/> estimated | <input type="checkbox"/> estimated |
| \$ _____ .00 | \$ _____ .00 |
| \$ _____ .00 | \$ _____ .00 |
| \$ _____ .00 | \$ _____ .00 |
| \$ _____ .00 | \$ _____ .00 |
| \$ _____ .00 | \$ _____ .00 |
| \$ _____ .00 | \$ _____ .00 |

C. Are you presently receiving financial aid? YES NO If "YES", give dollar amount you are receiving

| | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| NOTE: You are strongly encouraged to apply for a Pell Grant. | Pell Grant | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | FSEOG | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | Federal Work Study (FWS) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | NCCCG | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | Veterans Assistance | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

D. Have you applied for financial aid through the Financial Aid office at PCC?

E. Have you been awarded any other scholarships or financial aid?

If you marked "YES", please list the name of the scholarship/financial aid and the dollar amount.

| | | |
|-----------------------------|----|----------|
| (Scholarship/Financial Aid) | \$ | (Amount) |
| (Scholarship/Financial Aid) | \$ | (Amount) |

PART III. EMPLOYMENT INFORMATION

(Many contributors to the Scholarship Fund prefer to provide their scholarships to their employees, spouses of employees, or children of employees. To assist the Scholarship Committee, please provide the following information.)

| | |
|---|---------------------------------------|
| APPLICANT'S EMPLOYER (if applicable) | |
| | _____ (Company or Business) |
| | _____ (Mailing Address) |
| | _____ (City) (State) (Zip Code) |
| | _____ (Name & Title of Supervisor) |
| SPOUSE'S EMPLOYER (if applicable) | |
| | _____ (Company or Business) |
| _____ Spouse's Name | _____ (Mailing Address) |
| | _____ (City) (State) (Zip Code) |
| | _____ (Name & Title of Supervisor) |
| FATHER'S / GUARDIAN'S EMPLOYER | |
| | _____ (Company or Business) |
| _____ Father/Stepfather/Guardian's Name | _____ (Mailing Address) |
| | _____ (City) (State) (Zip Code) |
| | _____ (Name & Title of Supervisor) |
| MOTHER'S EMPLOYER | |
| | _____ (Company or Business) |
| _____ Mother/Stepmother/Guardian's Name | _____ (Mailing Address) |
| | _____ (City) (State) (Zip Code) |
| | _____ (Name & Title of Supervisor) |

PART IV: INFORMATION ABOUT THE APPLICANT

Describe below: (1) the reasons you are seeking financial assistance, and (2) a list of extra-curricular activities in which you participated. Included in the list should be such activities as athletics, class organizations, student publications, dramatics, public speaking, music, church, community, and volunteer activities. (Use an extra sheet of paper if necessary.)

1. Explain below the reason you are seeking financial assistance. (Describe any special circumstances which should be considered by the Scholarship Committee in your behalf. (e.g., handicapped, etc.)

2. List your extra-curricular activities such as school activities, church and community involvement. Include any honors, awards, or offices you have held.

PART V: CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form.

(Date)

(Student's Signature)

If the applicant receives other financial assistance or scholarship monies, the Executive Director of Piedmont Community College Foundation must be notified immediately.

Return this application to: (1) Piedmont Community College Financial Aid Officer, or (2) Person Senior High School Counselor, or (3) Bartlett Yancey High School Counselor, or (4) Piedmont Community College Foundation, Inc., P.O. Box 1101, Roxboro, NC 27573.

PART VI: ADDITIONAL INFORMATION

Several scholarships have specific criteria. This section is **optional**; however, by completing these questions, you may increase your scholarship opportunity.

3. Have you ever served in the military? Yes No
 - a. If "Yes", for which branch and how long? _____

_____.
4. Do you have any relatives who have served in the military? Yes No
 - a. If "Yes", who _____
_____.
5. If you live in Person or Caswell County, please name the community in which you live (for example – Roseville or Anderson): _____.
6. If you have a home church, please list it here: _____.
7. Ethnic identity: White Black Hispanic American Indian Other
8. If you did not list an employer in Part III, please note the reason below. Include your former employer information, if possible. _____

_____.
9. Do you have childcare expenses? Yes No Childcare monthly expenses \$ _____.
10. Number of family members in college (including yourself): _____
11. Do you plan on transferring to a 4-year institution? Yes No
 - a. If "Yes", where do you hope to transfer to and what area of study have you selected?

_____.
12. If you do not receive a scholarship, how will you finance your college education? _____

_____.
13. Is there anything else you would like the scholarship committee to know about you?

_____.