



## APPLICATION FOR SCHOLARSHIPS

**2017 - 2018**

APPLICATION DEADLINE:

**May 09, 2017**

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of residence: \_\_\_\_\_ Number of years lived in this county: \_\_\_\_\_

Graduated/Will Graduate from \_\_\_\_\_ High School

in \_\_\_\_\_ (month) \_\_\_\_\_ (year) or

received a GED in \_\_\_\_\_ (month) \_\_\_\_\_ (year).

Your curriculum/plan of study at ESCC is: \_\_\_\_\_

*Scholarship applicants are encouraged to fill out a free application for federal student Aid (**FAFSA**). Please indicate if you have completed this application: (YES) or (NO).*

### APPLICATION STEPS:

1. Attach a statement explaining your educational and career goals, including any plans to pursue additional education beyond ESCC.
2. Attach a statement explaining why you need financial assistance in 100-250 words.
3. Attach a statement listing and describing your involvement in any school or community activities, clubs, etc. Include any offices held/honors received or community service performed.
4. If you are a graduating high school student, please have your high school counselor complete the statement below to officially verify your cumulative grade point average.

*I certify that the latest high school grade point average for this student is: \_\_\_\_\_*

Counselor Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Please be aware that applicants must be in a degree or certificate program and enrolled in at least 6 credits per semester.**

*To the best of my knowledge, the information provided is correct. I authorize the Financial Aid Committee to review my academic records as well as any financial aid information on file in the ESCC Financial Aid Office. Should I be awarded a scholarship, the donor may be provided my name and pertinent personal data such as grade average, activities, awards and honors. Such information may be released to the news media.*

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

(If applicant is dependent on parent for support)

**COMPLETED APPLICATIONS MUST BE RETURNED BY**

**May 09, 2017**

*To:*

**ESCC FINANCIAL AID OFFICE  
29300 LANKFORD HIGHWAY  
MELFA, VA 23410**

***Incomplete applications will not be considered.***

Eastern Shore Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups.

Inquiries related to the college's non-discrimination policies should be directed to Dean of Learning Resources, Eastern Shore Community College, 29300 Lankford Highway, Melfa, VA 23410, 757-789-1723.