



Application for ESCC Foundation Scholarships
2020-2021 Academic Year

Applicant Information

Full Name: _____ Id#: _____
Last First

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

County of residence: _____ Number of years lived in this county: _____

Education

High School: _____

From: _____ To: _____ Did you graduate? YES NO

Receive a GED? YES NO Year:

Required Information

1. Attach a statement explaining your educational and career goals, including any plans to pursue additional education beyond ESCC.
2. Attach a statement of 100-250 words explaining why you need financial assistance.
3. List any school or community activities or clubs you have been involved with. Please describe your involvement in each and include any offices held or honors received.
4. If applicable, please attach a copy of your I-797 Notice of Action form.
5. Are you a first generation college student? Meaning are you the first in your family to attend college? Family is defined as parents and siblings.
YES NO

Certification of High School GPA

If you are a high school senior, please have your high school counselor complete the statement below to officially verify your cumulative grade point average.

High School GPA: _____

I certify that the latest high school grade point average for this student is listed above.

Counselor's Signature: _____ Date: _____

Disclaimer and Signature

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

To the best of my knowledge, the information provided is true and 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 point average, activities, awards and honors. Such information may be released to the news media.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(If applicant is dependent on parent for support)

COMPLETED APPLICATIONS MUST BE RETURNED BY:

December 3, 2020

To:

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

Incomplete applications will not be considered.

ESCC does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Jeanne Natali, Title IX Coordinator, 29300 Lankford Highway, Melfa, VA 23410; 757.789.1759; TitleIXCoordinator@es.vccs.edu.