



### **Application for ESCC Foundation Scholarships**

### 2024-2025 Academic Year

Applicant Information									
Full Name:								ld#:	
	Last			First					
Address:									
	Street Ad	dress						Apartment/Unit #	
	City						State	ZIP Code	
	·								
County of residence: Number of ye						er of years	lived in this	s county:	
-				E	Education			_	
High Schoo	ol:								
From:		To:		Did you gr	YES aduate?	NO			
Receive a 0	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 (proof of DACA).
- 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.
  NO
  □

#### **Certification of High School GPA**

If you are a high school senior, pleas statement below to officially verify yo	se have your high school counselor complete the our 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:
** We strongly encourage ap Application for Federal Stude assistance with completing the Coordinator at <a href="mailto:kparks@es.vc">kparks@es.vc</a>	cants must be in an eligible degree or certificate olled in at least 6 credits per semester.  Oplicants to complete the 2024-25 Free ent Aid (FAFSA). For more information or e FAFSA, please contact the Financial Aid ecs.edu.
Financial Aid Committee to revie on file in the ESCC Financial Aid provided my name and pertinent	ew my academic records as well as any financial aid information of Office. Should I be awarded a scholarship, the donor may be t personal data such as grade point average, activities, awards may be released to the news media.
Student's Signature:	Date:
Parent's Signature:	Date:

# The application deadline is SATURDAY, JUNE 1, 2024

(If applicant is dependent on parent for support)

Scholarships will be awarded on a first come, first serve basis. Please complete the application as soon as possible and return it to:

ESCC FINANCIAL AID OFFICE 29316 LANKFORD HIGHWAY MELFA, VA 23410 OR

Email it to: <a href="mailto:kparks@es.vccs.edu">kparks@es.vccs.edu</a>

# 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.