

**ALAMANCE COMMUNITY COLLEGE
SCHOLARSHIP APPLICATION
2009-2010**

FA USE ONLY

EFC _____

CR _____ GPA _____

CURRICULUM _____

RESIDENCY STATUS _____

AWARDS

FALL _____

SPRING _____

SUMMER _____

List Specific scholarship(s) for which you are applying or check any:

Any _____

Scholarship Name _____

Student Name: _____

SSN: _____ Student ID #: _____

Address: _____

City _____ State _____ Zip Code _____

County: _____ Telephone: _____

Curriculum: _____

INDEPENDENT/DEPENDENT STATUS

1. Age: _____ Date of Birth: _____

2. Are you a Veteran? _____ Yes _____ No

3. Are you married? _____ Yes _____ No

4. Do you have any legal dependents (other than spouse) living in your household?
_____ Yes _____ No

If yes, how many? _____

5. How many people in your household do you expect to be attending college during 2008-2009? _____

In order to determine your eligibility for a scholarship we will need verification of total family income for 2008. Normally, the 2009-2010 FAFSA application will meet this requirement. As an alternate you may provide copies of your 2008 federal tax forms.

Do you receive any aid through the following programs? (Check all that you receive.)

Pell/State Grants _____ Outside Agency _____

OVER

Optional

In order to qualify for additional scholarship funds, you may indicate if you fall into one of these categories. Please provide an explanation where indicated.

_____ I am a laid off textile worker. Please indicate company: _____

_____ I volunteer in the community with a nonprofit or school or at ACC. Please indicate type of activities, length of service, offices held, hours per week, etc.

_____ I am a member of one of the following churches: 1st Baptist Church-Graham, Children's Chapel UCC, Wayman's Chapel AAE, or 1st Baptist Church-Apple Street, Burlington. Please indicate which church: _____

_____ I have an interest in teaching in the future. Please indicate at what level (pre-K, elementary, middle, high school or college): _____

_____ I am visually or hearing impaired.

_____ I have a parent who is visually or hearing impaired.

_____ I was born outside the U. S.

_____ I have a speech, hearing or language disorder.

_____ Growing up, my parents were divorced or never married and I was raised by a single parent.

_____ I work for Triangle Home Health Care.

_____ I served in the military, one of my parents served in the military or one of my grandparents served in the military.

_____ I am a member of a racial or ethnic minority group. Please indicate which. _____

This sheet is optional, but may allow you to qualify for additional scholarship funds.

Thank You