

**ALAMANCE COMMUNITY COLLEGE
SCHOLARSHIP APPLICATION**

Academic Year _____

List Specific scholarship(s) you are applying or write "any"

Student Name: _____

Curriculum: _____

Student ID #: _____ Email: _____

Address: _____

City _____ State _____ Zip Code _____

County: _____ Telephone: _____

DEPENDENCY STATUS

1. Age: _____ Date of Birth: _____

2. Are you a Veteran? _____ 3. Are you married? _____

4. Do you have any legal dependents (other than spouse) living in your household? _____
If yes, how many? _____

5. How many people in your household do you expect to be attending college this year? _____

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

Pell/State Grants _____ Outside Agency _____

Are you employed? _____ If yes, name of employer: _____

High School Graduate? _____ If NO, Do you have your GED? _____

High School Attended (or GED obtained at) _____

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

I certify the information I have provided is accurate. I also understand that if I am selected as a scholarship recipient I may be required to provide additional information and/or meet additional requirements as requested.

Signature: _____ **Date:** _____ **Page 1 of 2**
(Please see back of this sheet for additional information.)

FA USE ONLY

EFC _____ Resident Status: _____

CR _____ GPA _____

CURRICULUM CODE: _____

AWARDS

FALL _____

SPRING _____

SUMMER _____

SPECIAL NOTES:

1. Some of the groups that sponsor scholarships at ACC require recipients to attend one or more meetings of their local chapter.
2. ACC publicizes information about each recipient yearly in the annual report. The school may ask you to:
 - A. Have your picture taken by the school photographer.
 - B. Provide additional data to particular groups or attend one of their meetings.
 - C. Attend the Foundation donor appreciation reception.
 - D. Contact the donor by mail in order to thank them for their support.

Please tell us a little about yourself (educational & employment plans, volunteer activities, hobbies, number of children, etc.). Please include any information you feel would help us in our selection process. (If more room is needed, you may attach an additional sheet).

OPTIONAL (This section is optional, but may allow you to qualify for additional scholarship funds.)

I plan to attend ACC full time ____ or part time ____ this coming semester. Number of credit hrs: _____

If you are a university transfer student, what is your intended major @ the 4 yr. school? _____

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

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

____ Are you are a member of one of the following 4 churches: 1st Baptist Church of Graham; Children’s Chapel UCC; Wayman’s Chapel AAE; or 1st Baptist Church—Apple St., Burlington. Please circle or underline which one.

____ I intend to pursue a teaching career. Please indicate at what level: _____

____ I am visually or hearing impaired. ____ I have a parent who is visually or hearing impaired. Please describe: _____

____ I have a speech, hearing or language disorder. Please describe: _____

____ I was born outside the U. S.

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

____ I served in the military; one of my parents or one of my grandparents served in the military.

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

____ I work for Triangle Home Health Care.

Thank You