

# 2010 Scholarship Application

## Deadline for submission – May 30, 2010

(919) 775-5401 or Toll free 1-800-682-8353



To be considered for a scholarship, you MUST submit the following information with this application:

- a) CCCC admissions application, b) Letter of recommendation from high school, college instructor or non-family member (on back), c) brief essay attached explaining why you are deserving of this scholarship.
- Only completed applications will be considered. Please read all instructions and use print or type.

**(We encourage you to also apply for Pell Grants)**

**Social Security No. or Student ID** \_\_\_\_\_ **(Your voluntarily provided SSN is used for identification of your record only.)**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_  
 Last First Middle/Maiden mm dd year

**Address** \_\_\_\_\_  
 Mailing Address City State Zip Code County of Residence

**Phone Numbers** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

**Ethnicity**  White  Black  Indian  Hispanic  Asian/Pacific Islander  Other \_\_\_\_\_ **Gender**  Male  Female

**High School Status (check one)**

- Graduated from High School
- Received GED/AHS Diploma
- Current High School Student
- Did Not Graduate from High School

**Issuing Agency or High School Last Attended**

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Month/Year received or Date of Graduation \_\_\_\_\_

**Highest Grade Completed** (circle one) 0-Never Attended 1 2 3 4 5 6 7 8 9 10 11 12  GED  AHS  Diploma  
 Post High School Vocational Diploma  Associates Degree  Bachelor's Degree or Higher  Master's Degree or Higher

**Employment Status**  Full-time  Unemployed  Part-time  Retired  Senior Citizen (65 & older) Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Have you lived **outside** North Carolina in the last 12 months? \_\_\_\_\_ If yes, what date did you move to North Carolina? \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_ No \_\_\_\_ If no, do you have a Visa? Yes \_\_\_\_ No \_\_\_\_ (The college reserves the right to inquire further concerning residency status.)

**Marital Status:** Single  Married  Separated  Divorced   
**Live with:** Parents  Spouse  Children  Alone   
**Annual Household Income** (Wages, alimony, child support, WFFA, social security, etc.)  
 Less than \$10,000  \$10,000 - \$20,000  \$20,001 - \$30,000   
 \$30,001 - \$40,000  \$40,001 - \$60,000  more than \$60,000

Number of persons in household: \_\_\_\_\_ Relationship \_\_\_\_\_

**Program of Study:** \_\_\_\_\_

Grade Point Average (GPA) \_\_\_\_\_  
 Class Rank \_\_\_\_\_  
 SAT or ACT Scores \_\_\_\_\_

- Central Electric Membership or South River Electric Membership Corporation Member \_\_\_\_\_ Acct # \_\_\_\_\_
- State Employees Credit Union Member

**REQUIREMENTS:** Attend Scholarship Event, complete the Free Application for Federal Student Aid (FAFSA), must be a full-time student (12 credit hours per semester).

**Please attach a brief essay to this application explaining your personal involvement in community activities and why you are deserving of this scholarship.**

I hereby certify that I have read and I understand the requirements of being a scholarship recipient and that all information I have set forth herein is true to the best of my knowledge.

\_\_\_\_\_  
 Signature Date

Return to: Student Services, Scholarships  
 Central Carolina Community College • 1105 Kelly Drive • Sanford, NC 27330

# Scholarship Application Letter of Recommendation

Scholarship Applicant's Name (Print) \_\_\_\_\_  
Last
First
Middle

**For Applicant Use Only:**

I, \_\_\_\_\_ hereby waive my right of access to this reference report. Date: \_\_\_\_\_  
(signature of applicant)

**For Respondent Use Only:**

*(Please return to the appropriate address shown below.)*

Please evaluate the applicant by placing a check after each characteristic to be evaluated in the column that most nearly represents your opinion. If you lack knowledge to make a definite rating, give your estimate of the applicant's ability and also check the column "inadequate opportunity to observe."

	Below Average	Average	Good	Superior (Top 10%)	Inadequate Opportunity to Observe
Ability to master academic work:					
Ability in oral expression:					
Ability to write:					
Motivation:					
Level of maturity:					
Self-reliance and independence:					
If non-native speaker, Fluency in English:					
Ability to work with others:					
Creative or innovative talent:					

How long have you known the applicant? \_\_\_\_\_

In what connection: \_\_\_\_\_

If appropriate, please answer the following:

1). Would you accept this applicant into your organization/post secondary program?  Yes  No

2). Would you recommend financial assistance for this student?  Yes  No

In the space below or by attachment, please add any comments that will assist in our awarding scholarship funds.

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Signature of Respondent \_\_\_\_\_

Title \_\_\_\_\_

Address of Respondent: \_\_\_\_\_

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