

# 2011-2012 RCCC Foundation Scholarship Application

Deadline April 15, 2011

## Eligibility:

Applicants must demonstrate a financial need and must be a citizen of the United States or eligible non-citizen. Applicants must have at least a 2.5 cumulative grade point average. Applicants with less than a 2.5 may also be considered, but only with a recommendation from an academic advisor. Incomplete applications or applications received after April 15, 2011, will not be reviewed.

## Instructions:

To be considered, students must complete the application, include all applicable signatures, and provide the following items:

1. A typed personal statement of your academic and career goals, work and/or community experience, and why obtaining a post secondary education is important to you. Include any special circumstances describing why you should receive a scholarship (150 maximum).
2. An official copy of your high school transcripts if this is your first semester. Current RCCC students may submit an unofficial transcript.
3. Enclose one recent recommendation (written within the past year) from an instructor, counselor, employer, or professional who can address your ability to succeed in an academic environment.

## Personal Information (please print)

Student's Full Name \_\_\_\_\_

First

Middle

Last

RCCC Student ID# \_\_\_\_\_ RCCC Email \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

County \_\_\_\_\_

Are you a US Citizen?  yes  no If non-U.S. Citizen, list Visa Type \_\_\_\_\_

What is your program of study / major? \_\_\_\_\_

Number of credit hours you expect to take \_\_\_\_\_ fall 2011 \_\_\_\_\_ spring 2012

Current Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ Hours per week \_\_\_\_\_

Please Select (the following information is optional but may make you eligible for certain scholarships)

Gender  Male  Female

Ethnic Group  American Indian/ Alaskan Native  Black

Non-Hispanic -white

Non-Hispanic  Hispanic

Asian/Pacific Islander

Non-Resident Alien other

Religious Affiliation \_\_\_\_\_ (if Methodist include a recommendation from your pastor).

Marital Status  Single  Married  Divorced  Widowed

Dependent Children: Number \_\_\_\_\_ Ages \_\_\_\_\_

Are you living with your parents?  yes  no Number of siblings in household \_\_\_\_\_



**RCCC**  
Rowan-Cabarrus Community College

F O U N D A T I O N

## Current RCCC Students

Have you completed the FAFSA? \_\_\_ yes \_\_\_ no (If not, we encourage you to apply at [www.fafsa.ed.gov](http://www.fafsa.ed.gov))

Have you received a RCCC scholarship? \_\_\_ yes \_\_\_ no (If yes, name of scholarship \_\_\_\_\_)

What is your GPA? \_\_\_\_\_ Are you enrolled \_\_\_ full-time or \_\_\_ part-time at RCCC?

## High School/Adult High School/GED Students

What is the name of your school or GED program? \_\_\_\_\_ City/State \_\_\_\_\_

What is your graduation date? (MM/YYYY) \_\_\_\_\_ What is your cumulative GPA? \_\_\_\_\_

If you graduated or will graduate this year, have your Guidance Counselor or Registrar sign here: \_\_\_\_\_

## Authorization Information

- \_\_\_ I release to Rowan Cabarrus Community College (RCCC) and the RCCC Foundation the right to access all my current and ongoing personal and education records at RCCC. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for RCCC and the RCCC Foundation.
- \_\_\_ I understand my name and information from my academic history may be released to the scholarship selection committee and the scholarship donor(s). If awarded a scholarship, I release to RCCC and the RCCC Foundation, the right to arrange a meeting with the donor(s) and use my name, story, and photo for printed and video materials, reports, and press releases, without compensation.
- \_\_\_ Should I be awarded the scholarship, I recognize the importance of communicating a letter of thanks to the donor of my scholarship and attending a recognition luncheon and/or reception.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee and scholarship donor.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Return application to the RCCC Foundation Office located on the first floor of Building 300 on North Campus.

**Mail to: RCCC Foundation, PO Box 1595, Salisbury, NC 28145-1595. Fax: (704) 216-3454.**



### OFFICE USE ONLY

\_\_\_ Approved \_\_\_ Denied    Remarks: \_\_\_\_\_

Semester(s) / Amount(s) \_\_\_\_\_ Scholarship Fund: \_\_\_\_\_

Foundation Director Signature: \_\_\_\_\_

Financial Aid Director Signature: \_\_\_\_\_

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