

HALIFAX COMMUNITY COLLEGE FOUNDATION INC.

2018-2019 Scholarship Application

Application Deadline: June 18, 2018 by 5:00p.m.

Please **type** all information except for signatures. Submit completed application packets to HCC Foundation Office in room 109 of The Phillip W. Taylor Complex.

Incomplete, late, handwritten and unsigned application packets will not be considered. No exceptions will be made.

Note: If you are selected to receive a scholarship, you must remain compliant with the criteria stated by the donor or you will lose your scholarship for the next semester. Donor criteria will be enclosed in your scholarship award letter if you are selected.

Review information in the first column and type your responses in the second column.

| | |
|------------------------------------|--|
| HCC Student ID | |
| Last Name | |
| First Name | |
| Middle Initial | |
| Last 4 of Social Security Number | |
| Date of Birth | |
| Mailing Address | |
| City | |
| State | |
| Zip | |
| County of Residence | |
| HCC Gmail | |
| Phone Number | |
| Gender | |
| Race | |
| U.S. Citizen or Non-U.S. Citizen | |
| Graduate from what High School | |
| What year did you graduate? | |
| Major/Program of study at HCC | |
| Anticipated graduation date at HCC | |
| Employment Status (FT or PT) | |
| Hours per week employed | |

Review questions in the first column and type your responses in the second column.

| | |
|--|--|
| 1. Are you a child to a member of Roanoke Valley Home Builders Association? | |
| 2. Is your home electric service provided by Halifax Electric Membership Corporation? | |
| 3. Are you a Tech Force volunteer? | |
| 4. Are you related to a current HCC employee? If so, list full name and relationship below. _____ | |
| 5. Are you a member of White Oak Baptist Church? | |
| 6. Are you visually impaired or related to someone who is visually impaired? If you are related to someone who is visually impaired, list full name and relationship below. _____ Visual impairment defined - severe reduction in vision that cannot be corrected with standard glasses or contact lenses that reduces your ability to function at certain or all tasks. | |
| 7. Are you related to a member of Roanoke Rapids Lion Club? If so, list full name and relationship below. _____ | |
| 8. Are you an employee of Halifax Linen? | |
| 9. Are you related to a current Halifax Linen employee? If so, list full name and relationship below. _____ | |
| 10. Have you served in the military? If so, list the branch and year of service below. _____ | |
| 11. Are you an active member of a fire, rescue or EMS department? If so, provide documentation. | |
| 12. Are you the child of an active member of a fire, rescue or EMS department? If so, provide documentation. | |
| 13. Are you related to a public sector employee who lives and works in North Carolina? If so, provide documentation (Name of relative, public sector employer, and relationship). | |
| 14. Are you a single parent? | |
| 15. Do you plan to pursue a career in teaching? | |
| 16. Do you plan to continue your education and obtain a Baccalaureate or Master's degree? If so, list the field of study below. _____ | |
| 17. Beginning fall semester, will you be enrolled in the 2 nd level of the RN program? | |
| 18. Are you an active participant in extra-curricular activities on HCC campus or high school clubs/organizations? Check all that apply: ___ PRIDE ___ WOE ___ Student Support Services Other (list) _____ | |
| 19. Are you an active participant in community involvement through volunteer activities or other leadership roles within the community? If so, list where and type of activities or leadership roles in which you have participated in within the community. _____ | |

Certification and Authorization

- I certify that the information that I have given in this application is accurate to the best of my knowledge.
- I authorize the HCC Financial Aid Office to provide financial need information to the scholarship selection committee.
- I authorize the release of academic transcripts by the HCC registrar to the scholarship selection committee.
- Additionally, since these are Foundation scholarships, I understand that the donor/donor contact person of the scholarship and Foundation staff may review any of the above mentioned information.
- I further agree to permit HCC and the HCC Foundation Inc. to publish in appropriate publications and news releases information and photographs related to scholarships awarded.

Student Signature

Date

Guardian Signature (if applicant is under 18 years of age)

Date