

**HALIFAX COMMUNITY COLLEGE FOUNDATION INC.**

***2022-2023 Scholarship Application***

**Application Deadline: June 1, 2022 by 5:00p.m.**

Please **type** all information except for signatures. Print and submit completed application to HCC Financial Aid Office in room 337 or mail it to:

HCC Financial Aid Office  
100 College Drive  
PO Drawer 809  
Weldon, NC 27890

**Incomplete, late, handwritten and unsigned applications will not be considered. No exceptions will be made. Early College and CCP students are ineligible and need not apply.**

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 (required)	
Last Name	
First Name	
Middle Initial	
Date of Birth	
Mailing Address	
City	
State	
Zip	
County of Residence	
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 <b>vision</b> 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. You must provide a copy of your DD214. _____	
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 <sup>nd</sup> level of the RN program?	
18. Are you an active participant in extra-curricular activities on HCC campus or were you a participant in high school clubs/organizations? Check all that apply: ___ PRIDE ___ 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 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