



2008-2009 GENERAL SCHOLARSHIP APPLICATION

(Deadline: November 1, 2008)

Please return to the Financial Aid Office unless otherwise specified in scholarship criteria.

For Office Use Only
GPA AH
CH SH
Financial Need: High Med Low

Major Area of Study:

PERSONAL DATA

Applicant's Name: Last First MI Social Security Number

Local Address: Number & Street City Zip Phone Number

Marital Status Single Divorced Widowed Married Other (specify) Email Cell Phone

Number of Dependent Children Living With You: List Ages:

Birth Date: Sex: Male Female U.S. Citizen Yes No

Note: The following question is optional and is used for statistical purposes only.

Race/Ethnic Group: American Indian Black Hispanic Caucasian Asian Other

How did you hear about this application?

EDUCATION

High School Attended Date of Graduation:

Are you currently a high school senior? Yes No If yes, high school

College Attendance: No prior college Transfer from another college (GPA ) Re-entering ACC Currently attending ACC

(Unofficial High School or College Transcript must be attached)

College(s) Attended: Date:

Honors or Awards: Date:

Community Involvement/Extracurricular Achievements:

ESSAY

On an accompanying sheet of paper, please write a brief essay explaining your educational and career goals and how ACC will help you achieve them. If you have any unusual circumstances that you would like the scholarship committee to consider, please include this in your essay. Please refer to each scholarship for individual requirements.

**FAMILY FINANCIAL STATEMENT All sections must be fully completed in order to consider the application.**

Please complete the following information as **thoroughly** as possible since the selection committee will consider the family financial situation as an important element in determining awards. We need to know how you will support yourself while at school and what unmet financial support you need to complete the school year.

If you have been employed during the past year, complete the following:

Company/Type of Work: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_

If you plan on being employed during the upcoming year, please complete the following:

Company/Type of Work: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_

**All applicants, complete Section A or Section B**

SECTION A DEPENDENT	SECTION B INDEPENDENT
1. Number of people in household (include yourself, parents, brothers, sisters, ...) _____	1. Number of people in household (include yourself, spouse, children...) _____
2. Number in college: _____	2. Number in college: _____
3. Parents current marital status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	3. Applicant's Annual Income: <input type="checkbox"/> Below \$10,000 <input type="checkbox"/> \$10,000-\$20,000 <input type="checkbox"/> \$20,000-\$40,000 <input type="checkbox"/> above \$40,000
4. Father's Annual Income: <input type="checkbox"/> Below \$10,000 <input type="checkbox"/> \$10,000-\$20,000 <input type="checkbox"/> \$20,000-\$40,000 <input type="checkbox"/> above \$40,000	4. Spouse's Annual Income: <input type="checkbox"/> Below \$10,000 <input type="checkbox"/> \$10,000-\$20,000 <input type="checkbox"/> \$20,000-\$40,000 <input type="checkbox"/> above \$40,000
5. Mother's Annual Income: <input type="checkbox"/> Below \$10,000 <input type="checkbox"/> \$10,000-\$20,000 <input type="checkbox"/> \$20,000-\$40,000 <input type="checkbox"/> above \$40,000	
6. Applicant's Annual Income: <input type="checkbox"/> Below \$10,000 <input type="checkbox"/> \$10,000-\$20,000 <input type="checkbox"/> \$20,000-\$40,000 <input type="checkbox"/> above \$40,000	

**Income Statement**

**Please estimate your monthly living costs and income for the coming academic year:**

Estimated Costs (per month)	Estimated Income (per month)
Rent..... \$ _____	Earnings of applicant..... \$ _____
Food..... _____	Earnings of spouse..... _____
Transportation..... _____	Parent's contribution..... _____
Medical..... _____	Savings..... _____
Child Care..... _____	Child Support..... _____
Other (Please List) _____	Other resources (TRS, AFDC, SSI.....)..... _____
_____ \$ _____	
_____ \$ _____	
_____ \$ _____	
Total Cost Per Month \$ _____	Have you applied for financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, list names and amounts: _____ \$ _____
	_____ \$ _____
	_____ \$ _____

**CERTIFICATION**

By my signature, I agree to the following:

- Maintain satisfactory progress as defined by the Scholarship Criteria.
- Authorize the Office of Student Assistance to release my grades to the donor.
- Authorize the Office of Student Assistance to release pertinent information to the donor.
- If selected, I authorize ACC to use my name in media releases.
- That the information I have given is true to the best of my knowledge.

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

For additional information on scholarships please refer to [www.austincc.edu/foundation](http://www.austincc.edu/foundation)