



2009-2010 COLLEGE CONNECTION SCHOLARSHIP APPLICATION (Priority Deadline: April 1, 2009)

For Office Use Only
GPA _____ AH _____
CH _____
Financial Need:
_____High _____Med _____Low

The General Scholarship Application is now available online! You may go to www.austincc.edu/foundation to complete the online application or submit this paper application. Regardless of which type of application you complete, only one scholarship application needs to be submitted.

Major Area of Study: _____

PERSONAL DATA

Applicant's Name: Last First MI SSN or ACC ID

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: _____
Date: _____

Honors or Awards: _____

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 for us to consider your 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	4. Applicant's Annual Income: <input type="checkbox"/> \$0 <input type="checkbox"/> below \$15,000 <input type="checkbox"/> \$15,000-\$30,000 <input type="checkbox"/> \$30,000-\$45,000 <input type="checkbox"/> \$45,000-\$60,000 <input type="checkbox"/> \$60,000-\$75,000 <input type="checkbox"/> Above \$75,000
4. Father's Annual Income: <input type="checkbox"/> \$0 <input type="checkbox"/> Below \$15,000 <input type="checkbox"/> \$15,000-\$30,000 <input type="checkbox"/> \$30,000-\$45,000 <input type="checkbox"/> \$45,000-\$60,000 <input type="checkbox"/> \$60,000-\$75,000 <input type="checkbox"/> Above \$75,000	5. Spouse's Annual Income: <input type="checkbox"/> \$0 <input type="checkbox"/> Below \$15,000 <input type="checkbox"/> \$15,000-\$30,000 <input type="checkbox"/> \$30,000-\$45,000 <input type="checkbox"/> \$45,000-\$60,000 <input type="checkbox"/> \$60,000-\$75,000 <input type="checkbox"/> Above \$75,000
Mother's Annual Income: <input type="checkbox"/> \$0 <input type="checkbox"/> Below \$15,000 <input type="checkbox"/> \$15,000-\$30,000 <input type="checkbox"/> \$30,000-\$45,000 <input type="checkbox"/> \$45,000-\$60,000 <input type="checkbox"/> \$60,000-\$75,000 <input type="checkbox"/> Above \$75,000	
6. Applicant's Annual Income: <input type="checkbox"/> \$0 <input type="checkbox"/> Below \$15,000 <input type="checkbox"/> \$15,000-\$30,000 <input type="checkbox"/> \$30,000-\$45,000 <input type="checkbox"/> \$45,000-\$60,000 <input type="checkbox"/> \$60,000-\$75,000 <input type="checkbox"/> Above \$75,000	

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.....)..... _____
_____ \$ _____	
_____ \$ _____	Have you applied for financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ \$ _____	If so, list names and amounts:
	\$ _____
	\$ _____
	\$ _____
Total Cost Per Month \$ _____	

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