

**North Florida Community College Foundation, Inc.  
Scholarship Application**

Academic Year \_\_\_\_\_

**Deadlines for submission: August 1 for Fall Term; December 1 for Spring Term**  
Return application to NFCC Foundation Office.

(Please type or print using blue or black ink to complete application. Use additional sheets to detail your answers if necessary.)

**Scholarship Applying For:** \_\_\_\_\_  
**\* Required GPA 2.0**

**Part-time Student** \_\_\_\_\_ (Please check one.) **Full-time Student** \_\_\_\_\_

**Section 1** Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County in which you reside \_\_\_\_\_

Length of residence in that County \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student ID Number (if known) \_\_\_\_\_

Telephone \_\_\_\_\_ Cellular \_\_\_\_\_

E-mail \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ High School \_\_\_\_\_  
College \_\_\_\_\_

Name and location of high school \_\_\_\_\_  
\_\_\_\_\_

Anticipated Date of Graduation from NFCC \_\_\_\_\_

Have you applied for admission to North Florida Community College? \_\_\_\_\_

Program in which you are enrolling or are enrolled at NFCC \_\_\_\_\_  
\_\_\_\_\_

Career plans: \_\_\_\_\_

Are you employed \_\_\_\_\_ List Place of Employment \_\_\_\_\_

Hours Worked Per Week \_\_\_\_\_

Applicant's Annual Income \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse's Annual Income, if married \_\_\_\_\_

**(If you are being supported by your parents or are living at home, please fill out Section 2, if not, skip to Section 3.)**

### **Section 2**

Mother's Name \_\_\_\_\_ Mother's Place of Employment &

Mother's Occupation \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Place of Employment &

Father's Occupation \_\_\_\_\_

Names and ages of all brothers and sisters. Circle those who still live at home or who are still supported by your parents (including yourself). \_\_\_\_\_

Parent's Annual Income \_\_\_\_\_

### **Section 3**

Spouse's Name \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Spouse's Place of Employment \_\_\_\_\_

Names and ages of all dependent children. Circle those who still live at home or who are still being supported by you.

List total number of dependent children in college. \_\_\_\_\_

**Section 4**

List your interests, activities, awards, offices held, employment, etc. which have contributed to your choice of career listed above. \_\_\_\_\_

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Describe your short and long-range educational goals. \_\_\_\_\_

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Have you applied for Financial Aid, student loans, scholarships, etc? \_\_\_\_\_

If so, and approved, list source, amount and semester receiving.

| Source | Amount | Semester |
|--------|--------|----------|
| _____  | _____  | _____    |
| _____  | _____  | _____    |
| _____  | _____  | _____    |

The following information is required for all scholarships requiring application:

- (1) Cover letter indicating why you believe you should receive the scholarship;
- (2) High school transcript, after graduation has been posted, or college transcripts. Please provide most current transcript for a period of one year. Must have earned a standard high school diploma or passed GED.
- (3) Two letters of recommendations from sources other than immediate family members;
- (4) Any other supporting information that you wish to submit may be attached.

**You are responsible for turning in all requested information (including copies of your transcripts) with this application.**

**Withdrawal Policy for Future Scholarships:**

- **If a student withdraws from a class with penalty then the student must pay the penalty through the Business Office.**
- **If a student withdraws from class going from a full-time status to a part-time status, then there will be a reduction in available scholarship dollars for the following semester.**
- **If a student drops all classes to receive no credit hours, a written explanation must be provided in order to apply for future scholarships.**
- **All scholarship decisions are at the discretion of the Executive Director of the Foundation.**

Mail to North Florida Community College Foundation, Inc., 325 N. W. Turner Davis Drive, Madison, FL 32341. If you have questions, please call the Foundation Office at 850-973-9414 or 850-973-9423.

**Any application not completed in its entirety, including required information, will result in disqualification of application.**

This information will be used to determine award, in reports, and media releases. All scholarship recipients should be accessible for photos if required.

Hometown Newspaper: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent or Legal Guardian's Signature  
If under 18 years of age