*NKCAC Scholarship Application*

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| APPLICANT INFORMATION | | | | | | | | |
| Applicant Name | | | | | Gender Male Female | | | |
| Street Address | | | | | | | | |
| City | | | State | | | | | Zip Code |
| Phone | Alternate Phone or Email: | | | | | Date of Birth / / | | |
| HIGH/SECONDARY SCHOOL INFORMATION | | | | | | | | |
| High School Attended | | | | Diploma/GED Date | | | | |
| Post-Secondary School(s) Attended in Past: | | | | Credit Hours to Date | | | | |
| COLLEGE/UNIVERSITY INFORMATION | | | | | | | | |
| Name of College/University Currently Enrolled or Applied to (Where Scholarship funds will be sent if awarded): | | | | | | | | |
| Major | | | | | | | | |
| EMPLOYER INFORMATION | | | | | | | | |
| Job Title | | Employer | | Employment Dates | | | Hours Per Week | |
|  | |  | | to | | |  | |
|  | |  | | to | | |  | |
|  | |  | | to | | |  | |
|  | |  | | to | | |  | |
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| VOLUNTEER INFORMATION | | | | | | | | |
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*NKCAC Scholarship Application (Cont.)*

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| ADDITIONAL FINANCIAL EDUCATIONAL ASSISTANCE Use back of form for additional assistance you have applied for and/or been awarded for the period in which you are enrolled or intend to enroll | | | | | |
| Type/Name of Assistance (Scholarship/Loan/Grant) | | Date Applied | | Date Awarded | Amount |
|  | |  | |  |  |
|  | |  | |  |  |
|  | |  | |  |  |
| AMOUNT PER ONE (1) CREDIT HOUR $\_\_\_\_\_\_\_\_ NUMBER OF HOURS ENROLLED\_\_\_\_\_\_\_\_\_\_\_  (THE TOTAL AMOUNT SHOULD MATCH AMOUNT DUE ON STATEMENT OF ACCOUNT PROVIDED) | | | | | |
| **AMOUNT OF SCHOLARSHIP REQUESTED FROM NKCAC: $** | | | | | |
| If Financial aid/grants/scholarships awarded cover tuition, fees, books, explain the need for additional educational funding: | | | | | |
|  | | | | | |
| CHECK LIST FOR CENTER MANAGER TO COMPLETE | | | | | |
| PLEASE ATTACH THE FOLLOWING SUPPORTING DOCUMENTS:   * Completed application * Proof of household’s gross income * Proof of household size (copies of social security cards for all household members) * 500-word typed essay on ways to improve your community and how you would get local residents involved * Two (2) letters of recommendation from teacher, counselor, clergy and/or employer * Copy of high school diploma or GED * Most recent transcript or proof of admission to school where assistance will be provided * Account statement from Post-Secondary Institution showing tuition owed or due upon enrollment | | | | | |
| SIGNATURE of APPLICANT | | | | | |
| I confirm the information on this application is accurate and complete to the best of my knowledge. I understand that incomplete documentation or failure to submit all required forms listed in the instructions will disqualify the applicant.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Applicant Signature Date** | | | | | |
| **INCOME/HOUSEHOLD VERIFICATION (to be completed by NKCAC Staff)** | | | | | |
| Household Size | Household Annual Income  $ | | Income Verification Used | | |
| **Staff Signature** | | | Date | | |

**Return application and supporting documentation to your Northern Kentucky Community Action Commission Neighborhood Center in the county in which you reside.**