*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 |  |
|  |  | to |  |
| 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.**