



Office of Financial Aid

2009-2010 Scholarship Application

To be considered for any scholarship you must complete a Free Application for Federal Student Aid.

FAFSA results must be in the financial aid office by May 29, 2009. This process can take up to 6 weeks to complete. Please plan appropriately.

Name: _____ Student ID# or Last 4 of SS#: _____

Address: _____

City: _____ County _____ State: _____ Zip Code: _____

Phone Numbers: Home - _____ Work - _____ Cell - _____

High School Information: Name - _____ Graduation Date - _____

Did you attend Spindale Elementary School: ___ Yes ___ No Date of Birth _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed Number of Dependent Children: _____

Do you use childcare: ___ Yes ___ No Email _____

Major: _____ Expected Date of Graduation: _____

Intent to Pursue? ___ Music ___ Environmental Science ___ Food Service Industry

Are you currently employed in food service industry? ___ Where? _____

College Grade Level: ___ Freshman ___ Sophomore (in 2nd half of your program)

What are your hobbies? _____

List any community service work you have done: (Some scholarships require community service. If this is applicable to you, please provide ICC Community Service reference sheet completed by your service organization.) _____

Please list any accomplishments you have had that you feel are note worthy (include clubs and organizations): _____

On the back of this application please use the space provided to state why you need a scholarship, what you are considering as a career, and any other information that will help our committee judge your application. This is your Student Scholarship Statement. If this portion is left blank, your application will not be considered.

Attached is a separate sheet of recommendation for scholarship to be completed by someone of authority who has knowledge of your character and your academic potential. The letter of recommendation must be returned in order for you to be considered.

All information will be held in strict confidence. It will be made available only to the individuals serving on the scholarship committee and other appropriate officials who may be included in scholarship selections. A high school and/or college transcript, as well as family financial information from your Student Aid Report, will be needed to complete your scholarship application. Please sign below to authorize the release of this information.

I authorize the release of my high school and/or college transcript, along with my family financial information to the scholarship committee and other appropriate officials for the purpose of scholarship selection. If awarded a scholarship, I further authorize the release of academic college transcripts to the scholarship donor each semester.

Applicant's Signature

Date

Isothermal Community College
PO Box 804
Spindale, NC 28160

RECOMMENDATION FOR SCHOLARSHIP

To the applicant:

Complete the information in this section, and then forward it with a preaddressed stamped "Recommendation" envelope to the person who is recommending you for a scholarship.

Name _____ Student ID# or Last 4 of SS#: _____
Last First Middle Initial

Address Street address/ PO Box _____
 City _____ County _____ State _____ Zip _____

Telephone: Home _____ Work _____

Degree sought _____

The Family Educational Rights and Privacy Act of 1974 provides you access to any letters of recommendation written about you, but the Financial Aid Office of Isothermal Community College believe that letters submitted in confidence carry greater weight and suggest that you waive your right of access to this letter of recommendation.

I hereby **waive** **do not waive** my right of access to this letter of recommendation.

Applicant's Signature _____ Date _____

To the person completing this recommendation:

You are requested to complete this form and return it to the applicant in the enclosed, preaddressed envelope. The applicant will submit it to us with its seal unbroken. No decision to award a scholarship for this student can be made until this form is received.

Name _____ Position _____

Employer _____ Address _____

How long have you known the applicant? _____

In what capacity? _____

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion.

	Superior (top 10%)	Above Average (top 25%)	Average	Below Average	Inadequate opportunity to observe
Scholastic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommend for scholarship? strongly recommend recommend recommend with reservation do not recommend

*Please use the back of this form to write any additional comments that would assist in making a decision about this applicant's application for scholarship.

Signature _____ Date _____

Isothermal Community College
 PO Box 804
 Spindale, NC 28160

COMMUNITY SERVICE RECOMMENDATION FOR SCHOLARSHIP

To the applicant:

Complete the information in this section, and then forward it with a preaddressed stamped "Recommendation" envelope to the person who is recommending you for a scholarship.

Name _____ Student ID# or Last 4 of SS#: _____
Last First Middle Initial

Address Street address/ PO Box _____
 City _____ County _____ State _____ Zip _____

Telephone Home _____ Work _____

Degree sought _____

The Family Educational Rights and Privacy Act of 1974 provides you access to any letters of recommendation written about you, but the Financial Aid Office of Isothermal Community College believe that letters submitted in confidence carry greater weight and suggest that you waive your right of access to this letter of recommendation.

I hereby **waive** **do not waive** my right of access to this letter of recommendation.

Applicant's Signature _____ Date _____

To the person completing this recommendation:

You are requested to complete this form and return it to the applicant in the enclosed, preaddressed envelope. The applicant will submit it to us with its seal unbroken. No decision to award a scholarship for this student can be made until this form is received.

Name _____ Organization _____

Position _____ Address _____

How long have you known the applicant? _____ Estimated Service Hours for 2008 _____

Service provided by applicant _____

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion.

	Superior (top 10%)	Above Average (top 25%)	Average	Below Average	Inadequate opportunity to observe
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm for service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommend for scholarship? strongly recommend recommend recommend with reservation do not recommend

*Please use the back of this form to furnish the scholarship committee with information about the applicant and their service in the above organization. This will assist us in making a decision about this applicant's application for scholarship.

Signature _____ Date _____

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 PO Box 804
 Spindale, NC 28160

