

**Isothermal Community College  
Office of Financial Aid**

**2018-2019 Lee L. Powers Merit Scholarship Application**

*To be considered for the Powers Merit Scholarship you must complete and return this application along with two character/ citizenship references, an official copy of your high school transcript and SAT or ACT scores on or before **March 30, 2018**. Applicants must complete all admissions requirements.*

Name: \_\_\_\_\_ Last four digits SSN: XXX-XX- \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Home - \_\_\_\_\_ Work - \_\_\_\_\_ Cell - \_\_\_\_\_

County of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College Major: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Two letters of character and citizenship reference must be submitted in a sealed envelope and returned with the application. References may not be relatives of the applicant.

All information will be held in strict confidence. It will be made available only to the appropriate officials who may be included in scholarship awarding. A high school transcript 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 transcript to the appropriate officials for the purpose of scholarship selection. If awarded the scholarship, I further authorize the release of academic college transcripts to the scholarship donor each semester.

By signing this application, I certify that all the information reported is complete and correct. I understand that purposely giving false or misleading information will result in the loss of the scholarship and could require previous funding to be repaid to the Powers Merit Scholarship Fund.

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

\_\_\_\_\_  
Date

Must return to Financial Aid Office by **March 30, 2018** to be considered for this scholarship.







**RECOMMENDATION FOR LEE L. POWERS MERIT SCHOLARSHIP**

**To the applicant:**

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

Name \_\_\_\_\_  
*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 the 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"/>
Leadership skills	<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 comments regarding the applicant's character and citizenship in order to assist with the selection process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Must return to Financial Aid Office by March 30, 2018 to be considered for this scholarship.

