



Office of Financial Aid
2017-2018 Scholarship Application

To be considered for any scholarship you must complete a 2017-2018 Free Application for Federal Student Aid.
FAFSA results must be in the financial aid office by September 29, 2017. This process can take up to 6 weeks to complete.

Name: Student ID#: SSN: xxx-xx-

Address:

City: County: State: Zip Code:

E-mail address: Date of Birth:

Phone Numbers: Home: Cell:

High School Name: High School Graduation Date:

Did you attend Spindale Elementary School: Yes No

Marital Status: Single Married Divorced Widowed

Number of Dependent Children: Do you pay for childcare: Yes No

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 (1st year) 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. If this portion is left blank, your application will not be considered.

Attached is a separate sheet of recommendation for a scholarship to be completed by someone of authority who is not related to you and 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. All scholarships of Isothermal Community College are available to all on a non-discriminatory basis, without regard to race, sex, age, color, religion, national origin, ethnicity, disability, sexual orientation, marital status, genetic information or veteran's status.

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

Student's Scholarship Statement

Isothermal Community College
PO Box 804
Spindale, NC 28160

RECOMMENDATION FOR SCHOLARSHIP (Required)

To the applicant:

Complete the information in this section, and then forward it with a sealed "Recommendation" envelope to the person who is recommending you for a scholarship. **Please note this person cannot be a family member or related to you in any way.**

Name _____ Student ID# _____ SSN: xxx-xx-_____

Last *First* *Middle Initial*

Address Street address/ PO Box _____

City _____ County _____ State _____ Zip _____

Phone number: Home _____ Cell _____

Program of study: _____

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 an enclosed 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 _____

COMMUNITY SERVICE RECOMMENDATION FOR SCHOLARSHIP (Optional)

To the applicant:

Complete the information in this section, and then forward it with a sealed "Recommendation" envelope to the person who is recommending you for a scholarship. **Please note this person cannot be a family member or related to you in any way.**

Name _____ Student ID# _____ SSN: xxx-xx-_____
Last First Middle Initial

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

Telephone Home _____ Cell _____

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 an enclosed 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 _____

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 write any additional comments that would assist in making a decision about this applicant's application for scholarship.

Signature _____ Date _____

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 PO Box 804
 Spindale, NC 28160

