



SECU Foundation

PEOPLE HELPING PEOPLE

2024-2025 Scholarship Application

*In order to be considered for this scholarship, you must have completed the admissions and residency processes. You will also need to have completed the 2024-2025 FAFSA. **Deadline July 25, 2024.***

Student Name: _____ Student ID#: _____

Address: _____

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

E-mail address: _____ Date of Birth: _____

Phone Numbers: Home: _____ Cell: _____

High School Name: _____ High School Graduation Date: _____

Program of Study at Isothermal: _____

Do you intend to be enrolled full time over the next two years at Isothermal? _____

When do you plan to complete your program at Isothermal? _____

List any community service work you have done:

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.

Applicant's Signature

Date

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# _____
Last First Middle Initial

Address _____
 City _____ State _____ Zip _____ County _____

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 _____

