



Coastal Carolina Community College Foundation, Inc.

# Scholarship Application

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## INSTRUCTIONS and REQUIREMENTS

1. All applicants are required to complete the FAFSA (Pell Grant) application on an annual basis, which may be completed online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). (Please make sure you have done so for the current year.)
2. **Deadline for all applications is JUNE 1.**
3. High school/college transcripts. If you have attended college for at least two semesters, only your college transcripts are required. If your transcripts are at Coastal, **you must request they be forwarded from the Registrar's Office.**
4. Two letters of recommendation. Letters should address financial need, academic performance, and/or general character. Letters may be obtained from instructors, clergy, or employers. **Recommendations cannot be from a relative.**

## APPLICANT'S STATEMENT

Write a brief statement below showing financial need, indicating your short-term and long-term educational and vocational goals. Please describe why you believe you should receive this scholarship.

As an applicant for financial assistance from Coastal Carolina Community College Foundation, Inc., I understand that any information contained within this application process may be shared with scholarship sponsors including academic progress and standing while at Coastal.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

## EDUCATIONAL and PERSONAL DATA

Applicant Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State and Zip Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Cellular Phone ( ) \_\_\_\_\_

Social Security Number \_\_\_\_\_

College Curriculum \_\_\_\_\_ Classification for upcoming year  Freshman  Sophomore

**This form is completed ONCE EACH YEAR for the entire school year.**

Please indicate **ALL** semester(s) financial assistance is needed  Fall  Spring  Summer (Academic year 20\_\_\_\_ - 20\_\_\_\_)

Name of high school from which you graduated \_\_\_\_\_

Community, church, and school organizations for which you volunteer \_\_\_\_\_

The following two questions will be verified by the Financial Aid Office.

All applicants are required to complete the FAFSA (Pell Grant) application on an annual basis.

Have you done so for the current year?  Yes  No

Have you applied for other financial aid?  Yes  No (If yes, give details) \_\_\_\_\_

Are you employed?  Yes  No (If yes, where?) \_\_\_\_\_ Average hours per week. \_\_\_\_\_

Have you been granted other financial aid?  Yes  No (If yes, give details) \_\_\_\_\_

The following information is requested due to the criteria of some of the available scholarships.

**Military**  Active Duty  Dependent  Retiree  NA

**Ethnicity**  White  African-American  Hispanic  Other

Do you have any disabilities?  Yes  No

## FINANCIAL ANALYSIS

Your annual income	\$ _____	Total number of members living	_____
Spouse's annual income	\$ _____	in household?	
Father's annual income	\$ _____	Total number of household members	_____
Mother's annual income	\$ _____	enrolled in college?	
<b>TOTAL</b>	\$ _____		

## FOR OFFICE USE ONLY

FAFSA filed	_____	Awarded	_____	EFC	_____
VA benefits	_____	Awarded	_____	Unmet Need	_____
Other	_____	Awarded	_____	FNN/Rec	_____

**NOTES:** \_\_\_\_\_

\_\_\_\_\_