

Name: _____
First MI Last

Phone: _____ Date of Birth: ____/____/____

Email: _____

Address: _____
Street City State Zip

Have you ever taken classes through SCC? Yes No

Course you are requesting assistance for: _____

Course Number: _____ - _____ - _____

Course start date: ____/____/____

Annual Household Income: \$ _____

Number of people in your household: _____

Use the following to compute the amount due with application:

Course Tuition: \$ _____
 Minus \$100 or less - \$ _____
Total Tuition Due with Application \$ _____

| | | |
|----------|--------------------------|-----------------|
| Example: | Tuition: | \$200.00 |
| | Scholarship Funded: | - \$100.00 |
| | Total Tuition Due | \$100.00 |

IMPORTANT: Applications received without the Total Tuition Due and a completed registration form will not be processed. If you are not selected as an award recipient, you will be responsible for the remaining tuition or to drop the class before the start date to receive a refund.

Please tell us how receiving this scholarship will make a difference in your life, help you reach your short- or long-term goals, advance your education or impact the community. Include any special personal or family circumstances that affect your need for assistance. The information to provide influences the final decision. Please tell your story. (Use back of page or another sheet if needed.)

Applicant (Student) Signature _____ Date ____/____/____

| | |
|------------------------------|----------|
| Office Use Only | |
| Date Received ____/____/____ | by _____ |