

PART 1 of 4

**Fort Scott Community College
Scholarship Application**

OFFICE USE ONLY

NOTE TO APPLICANT: This document must be completed in its **ENTIRETY** and submitted to the scholarship department on or before **APRIL 1** to be given full consideration.

Date _____

Student Information

Name _____

Permanent Address _____

County _____

Local Address _____

County _____

High School Attended _____

I will be a (freshman, sophomore) at FSCC next fall. GED Date _____

U.S. Citizen Yes No Major field of study: _____

Names of scholarships for which you are applying? _____

Were you awarded a Fort Scott Community College Scholarship last year? Yes No

If yes, what was the name of that scholarship? _____

Contact Information

Parent/Legal Guardian Name/Other Next of Kin: _____

Address _____

City _____ State/Zip _____

Relationship: _____ (P-Parent, G-Guardian, O-Other) Phone (_____) _____ Cell Home

PART 2 of 4

Academic Information: To be completed by your high school counselor or college registrar.

Sophomore - (As of next fall)

Cumulative GPA _____

Registrar's Signature

Freshman - (As of next fall)

Cumulative GPA (4.0 scale) _____

Is ACT composite score 25 or over? Yes No

Ranked in Top 5 of class? Yes No

Expected to be valedictorian or salutatorian? Yes No

H.S. Counselor's Signature

NURSING STUDENTS

Are your General Education Prerequisites complete? Yes No

Director of Nursing's Signature (**Required**)

Authorization

I certify that to the best of my knowledge, the information contained in this statement is correct and complete. I agree that the college, school, or agency indicated has my permission to verify it. If applying for federal or state aid, I also agree to release copies of my U.S. or State Income Tax returns upon request to the college, school, or agency to which this form is sent.

Applicant's Signature

