



# **Continuing Education Scholarship Application**

**The mission of the Foundation** is to aid, strengthen, and further in every proper and useful way the work and services of Blue Ridge Community College and to provide broader educational opportunities to its students, staff, faculty, and to the residents of Henderson and Transylvania Counties.

# Blue Ridge Community College Educational Foundation Continuing Education Scholarship Application

Students in need of financial aid can receive assistance through local scholarship funds. These funds are provided each year for Blue Ridge Community College students through the fund-raising efforts of Blue Ridge Community College Educational Foundation, Inc. Awards are made by the College's Continuing Education Financial Aid and Scholarship Committee for students registering for continuing education courses. Payments are distributed each semester.

## Application Procedures:

1. Complete the entire continuing education scholarship application and submit two recommendations (see page 4). Incomplete applications will not be considered.
2. Print legibly or type. Use blue or black ink.
3. Provide parental income information if you are age 23 or under, not married, and have no dependent children.
4. Submit the completed application to:

Continuing Education Registrar  
Blue Ridge Community College  
180 West Campus Drive  
Flat Rock, NC 28731

5. The Continuing Education Office will notify students by mail of their financial aid status. Students will receive one of three letters: Award Letter, Non-Award Letter, or Missing Information Letter.

The following 2010-11 calendar will be used for receiving applications and awarding scholarships.

	<u>Summer</u> <u>2010</u>	<u>Fall Semester</u> <u>2010</u>	<u>Spring Semester</u> <u>2011</u>	<u>Summer</u> <u>2011</u>
Early Consideration	April 15	July 15	December 1	April 15
Last date For Submission	May 14	August 16	January 3	May 13
Award Dates	April 23 thru May 19	July 23 thru August 18	December 9 thru January 6	April 25 thru May 18

Note: Some programs or courses may require that students register and pay before awards are made in order to guarantee a seat. In this case, financial aid awarded will be in the form of a reimbursement to the student.

# Blue Ridge Community College Educational Foundation Continuing Education Scholarship Application

All questions must be answered for the application to be considered. Print legibly or type. (Use blue or black ink.)

## GENERAL INFORMATION

Name \_\_\_\_\_ BRCC Student ID # \_\_\_\_\_  
*First Middle Initial Last (Current BRCC students)*

Mailing address \_\_\_\_\_  
*Street or PO Box City State Zip Code*

County of residence \_\_\_\_\_ Home/Cell phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_  
*Circle home or cell*

E-mail address \_\_\_\_\_ Do you live with your parents?  Yes  No

Date of birth \_\_\_\_\_ Student's Marital Status  Single  Married  Separated/Divorced

Are other family members in college?  Yes  No If yes, who and where? \_\_\_\_\_

\_\_\_\_\_

List your dependents and their ages \_\_\_\_\_

## EDUCATIONAL AND EMPLOYMENT INFORMATION

In what program or course are you enrolling? \_\_\_\_\_

When do you expect to start this program or course? \_\_\_\_\_ (month and year)

When do you expect to complete this program or course? \_\_\_\_\_ (month and year)

Briefly explain your educational and career goals:  
\_\_\_\_\_  
\_\_\_\_\_

Previous education  HS graduate  GED/Adult High School Diploma  College graduate

Name of high school or college \_\_\_\_\_

Other education \_\_\_\_\_

Are you working now?  Yes  No If yes, how many hours per week? \_\_\_\_\_

Employer's name \_\_\_\_\_ Position \_\_\_\_\_

Previous Employment. Briefly outline your employment history. You may use an attached sheet if necessary.

Employer's name \_\_\_\_\_

Position \_\_\_\_\_

Dates of employment \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer's name \_\_\_\_\_

Position \_\_\_\_\_

Dates of employment \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**INCOME INFORMATION - Complete in full so that we can have an idea of your family's financial situation.**

1. Student/spouse's Last year's Income (include wages, unemployment benefits, etc.) \_\_\_\_\_
2. Student/spouse's Last year's Non-Taxable Income (child support, Social Security, etc.) \_\_\_\_\_

**If you are age 23 or under, not married, and have no dependent children, please provide:**

3. Parents' Last year's Income (include wages, unemployment benefits, etc.) \_\_\_\_\_
4. Parents' Last year's Non-Taxable Income (child support, Social Security, etc.) \_\_\_\_\_
5. **Total Last Year's Income for your household** \_\_\_\_\_  
*Total of lines 1, 2, 3, and 4*

6. How many people are dependent on this income? \_\_\_\_\_
7. List amounts and sources of all non-taxable income from lines 2 and 4 above.  
\_\_\_\_\_

8. What do you anticipate your total income this year to be for your household? (Include taxable and non-taxable income.)  
\_\_\_\_\_

9. List **special circumstances** regarding your income that the Scholarship Committee should know:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Special circumstances may include, but are not limited to: dislocated worker, current/past foster child, high medical expenses, more than one child attending college, services from Vocational Rehabilitation or DSS, etc.) You may use an attached sheet if necessary.*

**FINANCIAL AID INFORMATION**

Did you receive financial help for college last year?  Yes  No

If yes, please name the type of aid received \_\_\_\_\_

What financial help do you anticipate receiving or have you applied for this year? \_\_\_\_\_

Are you receiving help with childcare expenses?  Yes  No  Not Applicable

How much assistance are you requesting with this application?

Registration Fee	\$ _____
Textbooks and Materials	\$ _____
Total Amount Requested	\$ _____

**RECOMMENDATIONS**

Please provide two letters of recommendation from individuals who can comment on your character, abilities, extracurricular activities, and financial need. (Please do **not** use members of your family.)

