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.
Scholarship Eligibility

To be considered for a Blue Ridge Community College Educational Foundation Scholarship, a student must have a minimum 2.00 cumulative grade point average.

Application Instructions

1. Please complete the entire application. Incomplete applications will not be considered.

2. Print legibly or type. (Use blue or black ink.)

3. If you are not already a Blue Ridge Community College student, complete the “Application for Admission” before you submit your scholarship application.

4. Register early for Fall 2015 classes. Registration dates will be listed on www.blueridge.edu.

5. Recommendations – (Due by the application deadline)
   - If you are currently attending BRCC, you must request letters of recommendation from at least two BRCC instructors/staff members. They should email the recommendation to Kathy Helms in the Financial Aid Office at kathyh@blueridge.edu.
   - For 2014 high school graduates or 2015 seniors, please provide two letters of recommendation from high school teachers or staff who can comment on your character, abilities, extracurricular activities, and financial need.
   - If neither of the above applies to you, please provide two letters of recommendation from individuals who can comment on your character, abilities, extracurricular activities, and financial need. (Do not use members of your family.)

6. Provide parental income information if you are age 23 or under, not married, and have no dependent children.

7. Submit your application to the BRCC Financial Aid Office by close of business (5 p.m.) on Thursday, April 2, 2015.

8. Return your completed application to either:
   - Kathy Helms – Henderson County Campus, Sink Building, Room 126
   - Rob Rhodes – Transylvania County Campus, TRCS 102

   Applications may be mailed to:
   Blue Ridge Community College Financial Aid Office
   180 West Campus Drive
   Flat Rock, NC 28731

9. Scholarship recipients will be required to attend the scholarship luncheon held in September. Failure to do so, except for documented, extenuating circumstances, will result in your losing the scholarship.

All scholarship applicants will be notified by mail prior to Fall Registration Day in August
Blue Ridge Community College Educational Foundation
2015-2016 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 ___________________________________________________________ Age ______

First  Middle Initial  Last

Mailing address ____________________________________________  City  State  Zip Code

Street or PO Box  County of residence __________________________

Home/Cell phone ( ) ________________  Circle home or cell

Email address ____________________________________________  SSN or BRCC ID __________

Marital Status: □ Single  □ Married  □ Separated/Divorced/Widowed

Ethnicity: _____________________  Gender: □ M  □ F

Are you a single parent?: □ Yes  □ No

Are you a veteran? □ Yes  □ No

Total number of people in household ________  Number of family members in college ________

**EDUCATIONAL INFORMATION**

Are you a current BRCC student?  □ Yes  □ No

If so, have you completed half of your current program of study? □ Yes  □ No

Have you received one of the following? □ High School Diploma  □ GED  □ Adult HS

Are you a current high school senior? □ Yes  □ No

What is/will be your program of study (i.e., major) at BRCC? ____________________________________________

Cumulative grade point average ________ (For new students, list your high school or previous college average.)

**INCOME INFORMATION**

Student/spouse’s 2014 total income from all sources:  $________

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

Parents’ 2014 total income from all sources:  $________

What is your **TOTAL ESTIMATED** family income for 2015?  $________

List special circumstances regarding your income that the Scholarship Committee should know:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Special circumstances may include, but are not limited to: loss of job/income, recent separation/divorce, high medical expenses, etc. You may use an attached sheet if necessary.
RECOMMENDATIONS (DUE BY THE APPLICATION DEADLINE)

Read carefully to determine which category applies to you. Recommendations should be submitted in a sealed envelope with your scholarship application or via email to Kathy Helms (kathyh@blueridge.edu) in the Financial Aid Office.

- If you are currently attending BRCC, you must request letters of recommendation from at least two BRCC instructors/staff members. They should email the recommendation to Kathy Helms in the Financial Aid Office at kathyh@blueridge.edu.

- If you are a 2014 high school graduate or 2015 high school senior, please provide two letters of recommendation from high school teachers or staff who can comment on your character, abilities, extracurricular activities, and financial need.

- If neither of the above applies to you, 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.)

WHY ARE YOU DESERVING OF SCHOLARSHIP HELP FROM BRCC?

Please include your educational and career goals. You may use an attached sheet if necessary.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

WORK AND/OR COMMUNITY SERVICE

Are you working now? ☐ Yes ☐ No If yes, how many hours per week? ________________

Employer(s): _________________________________________________________________________

List community service you have done:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

AUTHORIZED

I declare that the information provided on this application is true, correct, and complete to the best of my knowledge. In addition, should I be selected to receive a scholarship, I authorize the release of my name and other “Directory Information” to the donor of the scholarship for information purposes and to the College or Foundation for publicity purposes (e.g., newspaper, printed publications, and honors/award events).

Printed Name (paper and electronic application) ____________________________ Date ______________

Signature (paper application only) __________________________________________