

HAGERSTOWN COMMUNITY COLLEGE FOUNDATION, INC.
SCHOLARSHIP APPLICATION **Spring 2015 Semester**

APPLICANT #: _____

****APPLICATION DEADLINE** December 1, 2014 at 4:00 p.m.**

College Use Only: Date Received _____ Need Based? (Yes / No) _____
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Send or deliver to: Hagerstown Community College Foundation, Inc.
11400 Robinwood Drive
Room LRC 302 (Learning Resource Center at front of campus)
Hagerstown, MD 21742

DO NOT COMPLETE THIS APPLICATION IF YOU HAVE SUBMITTED A COMPLETED/ACCEPTED APPLICATION FOR THE FALL 14/SPRING 15 SEMESTER THAT WAS DUE ON JUNE 1, 2014. YOU WILL AUTOMATICALLY BE CONSIDERED FOR SPRING 2015 SCHOLARSHIP AWARDS.

The HCC Foundation, Inc. Scholarship application has been updated and only includes information that is not available through the applicant's HCC Financial Aid record. The applicant must be accepted for admission to the college and have a student ID# before consideration will be given for scholarship assistance. Applicants must have completed their Federal Student Financial Aid Application (FAFSA). Scholarships are only available for students taking at least six credits. The applicant must be registered for classes by the application deadline date for scholarship consideration. The HCC Scholarship application must be complete, all blanks must be filled in.

Please print or type: If you need assistance in completing the application, please contact the Foundation Office, LRC (Learning Resource Center) Room 302, 240-500-2348 or 240-500-2213.

HCC STUDENT ID #: _____ NAME: _____ PHONE: _____
(First) (Middle) (Last)
STREET ADDRESS: _____ COUNTY: _____ CITY: _____ STATE: _____ ZIP: _____

HAVE YOU COMPLETED YOUR FAFSA APPLICATION? YES NO - IF NO, YOU MAY NOT SUBMIT THIS APPLICATION BECAUSE YOUR STATISTICS AND INCOME IS VERIFIED AND DOWNLOADED THROUGH THE FAFSA APPLICATION/VERIFICATION. FAFSA COMPLETION IS A REQUIREMENT FOR SCHOLARSHIP CONSIDERATION.

WITH WHOM DO YOU RESIDE? NAME: _____ RELATIONSHIP: _____

ARE YOU A MIDDLE COLLEGE STUDENT? YES NO ARE YOU AN ESSENCE STUDENT? YES NO

ARE YOU A VETERAN? YES NO IF YES, WERE YOU HONORABLY DISCHARGED? YES NO

ONLY NEW STUDENTS WHO HAVE NEVER ATTENDED HCC MUST PROVIDE GPA/GED INFORMATION:
GRADE POINT AVERAGE (GPA): Minimum 2.0 GPA or 2250 GED score required – COMMITTEE WILL VERIFY

HIGH SCHOOL GPA (for students with no College GPA): _____ OR YEAR GED ACQUIRED: _____ GED TOTAL SCORE: _____

HCC MAJOR/PROGRAM OF STUDY: _____

HAVE YOU BEEN ACCEPTED INTO THE HCC NURSING PROGRAM OR THE HCC RADIOGRAPHY PROGRAM? YES NO
IF YES, WHICH PROGRAM? NURSING RADIOGRAPHY

CAREER GOAL: _____ or UNDECIDED

ARE YOU PLANNING TO TRANSFER TO A FOUR YEAR COLLEGE/UNIVERSITY? YES NO

ARE YOU A SON/DAUGHTER OF AN HJC/HCC ALUMNUS? YES NO
IF YES, HIS/HER NAME (INCLUDE MOTHER'S MAIDEN NAME): _____
YEAR YOUR PARENT(S) GRADUATED FROM HJC/HCC: _____

WILL YOU BE WORKING WHILE ATTENDING HCC? YES NO WORKING HOW MANY HOURS PER WEEK? _____
PLACE OF EMPLOYMENT: _____ WILL YOU RECEIVE TUITION REIMBURSEMENT? YES NO

HAVE YOU EVER BEEN A RESIDENT OF SAN MAR CHILDREN'S HOME OR CEDAR RIDGE CHILDREN'S HOME? YES NO

ARE YOUR PARENTS OR GRANDPARENTS EMPLOYED BY ANY OF THE FOLLOWING COMPANIES? for YES

Name of Relative: _____

- AC & T Company, Inc. Citicorp Credit Services, Inc. (MD) Conservit, Inc.
 Cumberland Valley Veterinary Clinic C. William Hetzer, Inc. D. M. Bowman, Inc.
 Electromet Corporation Maryland Metals, Inc. Susquehanna Bank
 Thomas, Bennett & Hunter, Inc.

ARE YOUR PARENTS OR GRANDPARENTS MEMBERS OF ANY OF THE FOLLOWING ORGANIZATIONS? for YES

- Improved Order of Red Men Wigwam of Conococheague Tribe No. 84
Name of Relative: _____ Relationship to Applicant: _____ Membership #: _____
 Washington County Homemakers Clubs
Name of Relative: _____ Relationship to Applicant: _____ Club Name: _____

REQUIRED FINANCIAL INFORMATION

You are considered a **DEPENDENT STUDENT** if you were born after **January 1, 1991**, and you are **not a veteran, married, orphan or ward of the court, or do not have legal dependents.**

1. Did you file a 2013 Federal tax return? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>IF "YES", WE WILL DOWNLOAD FROM YOUR FAFSA FORM.</u>
2. Did your parent(s) file a 2013 Federal tax return? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Did your parent(s) claim you as a dependent on their 2013 Federal tax return? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>IF "YES", WE WILL DOWNLOAD FROM YOUR FAFSA FORM.</u>
4. NUMBER OF PERSONS IN THE HOUSEHOLD (YOU MUST INCLUDE YOURSELF): _____
5. AGES OF ALL PERSONS LIVING IN THE HOUSEHOLD (INCLUDES YOURSELF): _____
6. *If different from number of exemptions on Federal tax return, explain: _____ _____ _____

ALL APPLICANTS MUST BREAK DOWN THEIR SOURCE(S) OF INCOME AS FOLLOWS:

*If you are a student and file jointly, divide your income as indicated below.

	FAMILY ADJUSTED GROSS INCOME (AGI) FOR 2013 TAX YEAR can be found on the following lines: 1040-Line 37, 1040EZ-Line 4
*Student	\$
*Spouse	\$
Parents/Legal Guardian	\$
Step Parents	\$
TOTAL:	\$ -THIS MUST MATCH YOUR AGI ON TAX FORM

THIS INCOME WILL BE VERIFIED BY YOUR FAFSA APPLICATION.

DO NOT ATTACH COPIES OF TAX FORMS.

ALL 2013 FEDERAL INCOME TAX RETURNS WILL BE DOWNLOADED FROM YOUR 2014-2015 FAFSA FORMS AND MUST SUPPORT THE INFORMATION YOU DISCLOSE ON THIS APPLICATION.

DO YOU RECEIVE ADDITIONAL INCOME NOT INCLUDED IN YOUR ADJUSTED GROSS INCOME (AGI) ON YOUR 2013 FEDERAL 1040 TAX RETURN? YES NO

(Examples: Child Support, Social Security, Food Stamps, Housing Allowance, WIC Benefits, Temporary Assistance for Needy Families (TANF), Worker's Compensation, Combat Pay, etc.)

FAILURE TO REPORT ADDITIONAL INCOME WILL BE GROUNDS FOR REJECTION.

If yes, list additional income below:

*If you are a student and file jointly, divide your additional income as indicated below.	Child Support	Social Security Benefits	Food Stamps	Housing Allowance	WIC Benefits	TANF	Worker's Compensation	Other: You Must Specify Type
*Student	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year Type:
*Spouse	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year Type:
Parents/Legal Guardian	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year Type:
Step Parents	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year	\$ /year Type:

LIST SPECIAL CIRCUMSTANCES YOU WOULD LIKE THE SCHOLARSHIP COMMITTEE TO CONSIDER: _____

It is the policy of the Hagerstown Community College Foundation to award scholarships based on the requirements of each individual scholarship as determined by the donor. If you decide not to attend Hagerstown Community College, or should you receive any additional monies which cover all or part of your educational expenses at any time, you are required to notify the Student Financial Aid Office at once.

CERTIFICATION: All of the information on this form and the attached Federal tax return(s) is true and complete to the best of my knowledge. I agree to furnish and attach proof of the information, including U.S. 1040 tax return, for my parents/step parents and/or myself. I hereby give the Scholarship Committee of the Hagerstown Community College Foundation, Inc. and the HCC Student Financial Aid Office, permission to have access to the confidential information requested for purposes of determining need for scholarship assistance. I further understand that this information will not be released to any other individual or agency for any purpose.

I understand that Hagerstown Community College has the right to use my name and/or photograph in promoting the College.

ACCEPTANCE OF A HCC FOUNDATION SCHOLARSHIP REQUIRES YOU TO VOLUNTEER AT A MINIMUM OF ONE OF THE FOUNDATION/ALUMNI EVENTS. THE EVENTS ARE FUNDRAISERS FOR YOUR SCHOLARSHIPS AND ALUMNI PROJECTS. YOU WILL BE CONTACTED AT A LATER DATE WITH DETAILS. YOU ARE ALSO REQUIRED TO ATTEND THE ANNUAL RECEPTION RECOGNIZING SCHOLARSHIP DONORS AND THEIR RECIPIENTS TO BE HELD IN THE FALL OF THE CURRENT ACADEMIC YEAR. YOUR SIGNATURE CONFIRMS THAT YOU HAVE READ AND UNDERSTAND THE CONDITIONS OF THE SCHOLARSHIP AWARDS.

NON-COMPLIANCE OF CONDITIONS MAY RESULT IN THE LOSS OF YOUR SCHOLARSHIP.

Student Signature (Required) _____ Date (Required) _____

DEADLINE DECEMBER 1, 2014 AT 4:00 PM!