# SUFFOLK COUNTY COMMUNITY COLLEGE

**Scholarship Application Form**

|  |
| --- |
| **Name of Scholarship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| (Note: complete a separate form for each scholarship) |

|  |
| --- |
| **Background Information** |
| Name |  | Student ID# |  |  |
| Address |
| City |  | State |  | Zip Code \_\_\_\_\_\_\_\_\_ |

College Email Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Phone Number: | Cell | ( |  | ) |  | – |  | Home | ( |  | ) |  | – |  |

|  |
| --- |
| **Academic Information** |
| Major |  |  |  Campus |  |   |
| Credits completed at SCCC |  |  |  GPA |  |  |
| Currently enrolled for |  | credits |  Part-Time or Full-Time |  |  |

# Directions

1. Please submit a personal statement, 250 words. Your statement should include a description of how this scholarship will assist you in achieving your educational goals. (Please Note: Depending on the scholarship(s) criteria, you may be required to submit an additional statement).
2. Arrange to have letters of recommendation forwarded (if required), or you may submit your recommendation letters with your application.
3. Submit the completed application form with all appropriate attachments by the specified due date. Check the online Departmental Scholarship due dates and where to submit your materials.

# Note:

* 1. Courses currently in progress (excluding developmental courses) can be used to satisfy the credit requirements.
	2. Applications will be reviewed by the respective departments, and scholarships will be awarded for attendance in the subsequent semester, unless otherwise specified.

By submitting this application, you give permission to Suffolk County Community College and the Suffolk Community College Foundation to disclose information from this application, including, but not limited to, your educational and financial records, extracurricular activities, honors, awards and essays, to the donors or representatives of scholarship funds at the Suffolk Community College Foundation. Further, you grant permission to use information pertaining to any scholarship you may receive in print and electronic communications (e.g., the College or Foundation website and donor publications) and, if possible, to meet with donors at annual receptions or other events. We appreciate the courtesy you extend to those who have assisted you in meeting your educational goals.

 Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

 **Rev 11/09/17**