



**TRI-COUNTY**  
COMMUNITY COLLEGE

# SCHOLARSHIP APPLICATION

## How to Apply

To apply for TCCC's scholarships, interested applicants must submit the following items to the Financial Aid Office no later than April 15 to be considered:

1. A Scholarship Application form.
2. A processed FAFSA Application.
3. TWO Scholarship Recommendation forms from instructors, counselors, or other professionals.
4. The student's most recent official transcript (high school or college). No copies accepted.
5. A 200-400 word essay (see instructions below).

***Incomplete applications will not be considered.*** All Scholarship Application forms (including the scholarship application, essay, recommendation forms, and transcripts) must be submitted directly to the Financial Aid Office, by the deadline date of April 15.

## Scholarship Application Checklist

*This checklist has been provided so that you may keep track of the scholarship application requirements as you complete them.*

- Complete all questions on the Scholarship Application, including the essay section and signature.
- Complete the Free Application for Federal Student Aid (FAFSA) for the 2019-20 academic year. (Merit based applicants do not have to complete a FAFSA - unless the student wants to be considered for a need-based scholarship.)
- Attach **TWO** recommendation forms.
- Most recent official transcript (high school or college).
- One 200-400 word essay.
- Submit all the above to the Financial Aid Office by the April 15 deadline date.

One possible scholarship is based on their mission to serve the vision and hearing impaired, those who suffer from diabetes, and those who have other physical disabilities. To be considered for this award, please check all that apply below:

- Vision impaired     
  Hearing impaired     
  Diabetes     
  Physical Disability

## Essay Criteria

Please type or write your essay legibly and submit with application. Essay must be 200-400 words based on the following topic:

*Describe what has inspired or motivated you to pursue your intended field of study, and then explain how a TCCC scholarship would help enrich and create success in your future.*

I certify that the information provided is correct to the best of my knowledge. By signing below, I authorize the release of my academic, financial, and personally identifiable information to outside agencies/donors for the purpose of financial aid consideration or reporting. My essay can be released to donors or used for college promotions. I also authorize the collection of any information from outside sources regarding the types and amounts of financial aid I will receive during the 2019-20 academic year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Additional Information

Additional information about scholarship opportunities is available in the TCCC General Catalog & Student Handbook as well as online at [www.tricountycc.edu](http://www.tricountycc.edu). You may also contact the Financial Aid Office during regular business hours at (828) 835-4220.

# Scholarship Application Form

**NOTE: All applicants are ranked by financial need and selected according to each scholarship's criteria. Applicants with completed degrees may receive a lesser priority than those who have not yet finished their first degree. Current or returning TCCC students are eligible to apply only if they are making Satisfactory Academic Progress (SAP), or are enrolled under a SAP Academic Plan.**

Have you completed the 2019-20 FAFSA?  Yes  No  
Have you earned a certificate, diploma, or degree previously?  Yes  No  
If you answered yes to the above question, list title and date earned:

Title: \_\_\_\_\_ Date earned: \_\_\_\_\_

Institution: \_\_\_\_\_

**NOTE: This application will cover all institutional scholarships for which you may be eligible. Non-institutional scholarships may be found at [www.tricountycc.edu](http://www.tricountycc.edu) under the Financial Aid page.**

Are you planning to pursue a 4-year degree in one of the following fields of study? (Please check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Accounting                     | <input type="checkbox"/> Administrative Office Assistant                 |
| <input type="checkbox"/> Business Administration        | <input type="checkbox"/> Electrical or Mechanical Engineering Technology |
| <input type="checkbox"/> Entrepreneurship               | <input type="checkbox"/> Industrial/Electrical Electronic Technology     |
| <input type="checkbox"/> Information Systems Technology | <input type="checkbox"/> Machinist                                       |

Are you a  Veteran  Descendant of a Veteran  Sibling of a Veteran

Are you a Board Director, employee, or family member of an employee of the State Employees' Credit Union or the SECU Foundation?  Yes  No

Name of High School Attended: \_\_\_\_\_ Year Graduated or GED: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Program of study: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle/Former*

Address: \_\_\_\_\_  
*Street, Route, PO Box City State Zip*

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Marital Status:  Married  Divorced  Single  Widowed  Separated

## Additional Information

Please list any other types of assistance (i.e. Vocational Rehabilitation, Veteran's Education Benefits, Workforce Investment Act, other scholarships, etc.) for which you have applied or been awarded: \_\_\_\_\_

Please list the types of Community Service you have performed: \_\_\_\_\_

Please provide additional information the Scholarship Committee may need to consider in order to determine your eligibility for a particular scholarship: \_\_\_\_\_



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## RECOMMENDATION FORM

Scholarship Applicant's Name: \_\_\_\_\_  
Last First Middle

**For Respondent Use Only:** *(Please return to the appropriate address shown below.)*

Please evaluate the applicant by placing a check after each characteristic to be evaluated in the column that most nearly represents your opinion. If you lack knowledge to make a definite rating, check the column "inadequate opportunity to observe."

	Below Average	Average	Good	Superior Top 10%	Inadequate Opportunity to Observe
Ability to master academic work					
Ability in oral expression					
Ability to write					
Motivation					
Level of maturity					
Self-reliance and independence					
Ability to read, write, and speak the English language					
Ability to work with others					
Creative or innovative talent					

How long have you known the applicant? \_\_\_\_\_ Relationship to applicant? \_\_\_\_\_

If appropriate, please answer the following questions:

1. Would you accept this application into your organization / post secondary program?      Yes \_\_\_\_\_ No \_\_\_\_\_
2. Would you recommend financial assistance for this student?                              Yes \_\_\_\_\_ No \_\_\_\_\_

In the space below or by attachment, please add any additional comments in the support of this applicant.

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\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Telephone Number email address

Application Deadline: April 15

\_\_\_\_\_  
Signature of Respondent Date

\_\_\_\_\_  
Title

Return to: Financial Aid Office, 21 Campus Circle, Murphy, NC 28906



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