



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 June 8 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 June 8th.*

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 2023-2024 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 June 8 deadline date.

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 2023-2024 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. You may also contact the Financial Aid Office during regular business hours at (828) 835-4260.

(Form continues on reverse side)

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 2023-2024 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 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

Are you a child or grandchild of a Harrah's Cherokee Casino employee? Yes No

Are you a single parent? 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.

Please Print Name

Telephone Number email address

Application Deadline: June 8

Signature of Respondent Date

Title

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



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Ability to write					
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Level of maturity					
Self-reliance and independence					
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