Incoming Freshman
(High School Senior)
Scholarship Application 2014-2015
Priority Application Deadline: April 1, 2014

Ashland Community & Technical College
HIGHER EDUCATION BEGINS HERE

General Scholarship Guidelines

* Please file for admission to Ashland Community and Technical College.
* Complete the Free Application for Federal Student Aid for the year in which you are pursuing scholarship funds. Federal School Code: 001990.
* Student must be seeking a degree at ACTC and be making Satisfactory Academic Progress toward that degree.
* Student cannot have another tuition source like outside scholarships, Voc Rehab, WIA, tuition waivers, or other internal scholarships.
* Meet minimum requirements for grade point and ACT (or equivalent SAT) score
* Although answering any item on this form is optional, you will be considered for *every* available award only if *all* questions are completed.

***** *Required Submission*: Attach a 100 – 200 word typed statement on how ACTC scholarship funds will assist with your educational plans.**

Last Name First Name MI Social Security Number

Street Address City County State Zip

Date of Birth US Citizen (Yes or No)

Telephone Number: Day Evening Alternate (Cell)

High School County Graduation Date G.E.D. Date

High School GPA Top 10% of HS Class (Yes or No) ACT Comp. Score Intended College Major

Current Employer (if employed) Hours Worked Per Week Past Employer

Please list any extra or co-curricular activities: _____

_____

_____

Please list any community service activities: _____

_____

_____

Specific Information: (Criteria as Established by Scholarship)

☐ Son/Daughter of an ACTC employee

☐ Son/Daughter of a Disabled Veteran

☐ Single Parent

☐ Accounting Major or Business Major

☐ Health-Related Major

Please Check Each Statement, Sign, and Date Application

☐ I give the ACTC Scholarship Committee/Office of Financial Aid permission to review the information provided here and in my admission file for the purpose of awarding scholarships and preventing overaward.

☐ I understand that when added to other sources of aid, the amount of scholarship awards may not exceed the total annual budget of the school's cost of attendance as determined by the Office of Financial Aid.

☐ I understand that I may receive only one scholarship from ACTC funds to pay my tuition and/or that this award will not be made if I have other tuition sources.

☐ I have attached the required written statement.

_____ _____

Applicant's Signature Date

***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** *****

HIGH SCHOOL COUNSELOR: PLEASE CERTIFY THE FOLLOWING AND SIGN THIS APPLICATION.

Student's ACT Composite Score As Of 12/2013 _____ (composite of 18 or above required)

Student's Cumulative High School Grade Point Average As Of 12/2013_____(3.0 or higher on 4.0 scale required)

Student's Class Rank As Of 12/2013 Number_____of _____ (Total Class Size)

High School Counselor's Signature _____ Date Signed _____

RETURN COMPLETED APPLICATION BY THE DEADLINE TO:

ACTC Scholarship Committee
Attn: Cara Huff
1400 College Drive
Ashland, KY 41101

***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** ***** *****

FOR OFFICE USE ONLY

Date Received: _____ Admission File Complete _____ FAFSA _____

Oct. 2013