

Ashland



Community & Technical College

JOHN T. SMITH MINORITY SCHOLARSHIP FOR KENTUCKY RESIDENTS APPLICATION 2018-2019

PRIORITY APPLICATION DEADLINE: APRIL 1, 2018

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.
- Although answering any item on this form is optional, you will be considered for every available award only if *all* questions are completed.

FIRST NAME MIDDLE NAME LAST NAME

_____-_____-_____/_____/_____
SOCIAL SECURITY # ACTC STUDENT # DATE OF BIRTH YES NO
US CITIZEN?

MAILING ADDRESS CITY STATE ZIP COUNTY

(_____)_____-_____
DAYTIME TELEPHONE # EVENING TELEPHONE # ALTERNATE / CELL #:

HIGH SCHOOL COUNTY GRADUATION DATE OR G.E.D. DATE

HIGH SCHOOL GPA YES NO TOP 10% OF HS CLASS? ACT COMPOSITE 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: _____

*****REQUIRED SUBMISSION*** Attach a 100-200 word typed statement on how ACTC scholarship funds will assist with your educational plans.**

SPECIFIC INFORMATION: (Criteria as Established by Scholarship)

- Spouse/Son/Daughter of an ACTC employee
- Son/Daughter of a Disabled Veteran
- Disabled Student
- Single Parent
- Accounting Major or Business Major
- Health-Related Major

PLEASE CHECK EACH STATEMENT, SIGN, AND DATE APPLICATION

- I am an African-American Student. (Required for J.T. Smith Scholarship)
- I am a Kentucky resident. Length of time lived in Kentucky _____
- 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.

APPLICANT'S SIGNATURE

DATE

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

- Student's ACT Composite Score as of 12/2017 _____ (Composite of 18 or Above Required)
- Student's Cumulative High School Grade Point Average as of 12/2017 _____ (3.0 or Higher on 4.0 Scale Required)
- Student's Class Rank as of 12/2017 # _____ of _____ (Total Class Size)

HIGH SCHOOL COUNSELOR'S SIGNATURE

DATE

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

YES NO

ADMISSION FILE COMPLETE

FAFSA

DEC 2017



ACTC IS AN EQUAL EDUCATIONAL AND EMPLOYMENT OPPORTUNITY INSTITUTION

606-326-2000
Ashland.KCTCS.edu

KENTUCKY COMMUNITY & TECHNICAL COLLEGE SYSTEM