



**PRIORITY APPLICATION DEADLINE: APRIL 1, 2019**

**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.
- All awards are scholarship specific and will be awarded based on individual scholarship guidelines.
- Renewable scholarships will not be awarded if semester GPA falls below 2.0
- 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 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 (typed) statement.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**RETURN COMPLETED APPLICATION BY THE DEADLINE TO:**

ACTC Scholarship Committee  
Attn: Brooke Seasor  
1400 College Drive  
Ashland, KY 41101

**FOR OFFICE USE ONLY**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE RECEIVED**

YES  NO

**ADMISSION FILE COMPLETE**

\_\_\_\_\_  
**FAFSA**

*NOV 2018*



**ASHLAND**  
COMMUNITY  
& TECHNICAL COLLEGE

ACTC IS AN EQUAL EDUCATIONAL AND  
EMPLOYMENT OPPORTUNITY INSTITUTION