

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