



Scholarship Application

2019/20 Academic Year

Applicant Information

Name _____

Address _____ Email _____

City, State, Zip _____ Cell Phone _____

I am a legal resident of _____ County. Date of Birth _____

Does your father have a degree or certification beyond a high school diploma? Yes No

Does your mother have a degree or certification beyond a high school diploma? Yes No

Do you have any siblings who have attended/are attending college? Yes No

Please specify your ethnicity or race:

- White
- Mixed Race
- Hispanic or Latino
- Other: _____
- Black or African American

Are you single? _____ Married? _____

Do you have any children? Yes No If yes, how many? _____

Were you raised by a single parent? Yes No

Have you ever had to give your parent(s) or others in your household money to help pay bills? Yes No

If yes, please explain _____

High School Data

What high school did you (or will you) graduate from? _____

Graduation Date _____ Cumulative GPA (based on 4.0 scale) _____

Extra-curricular activities (athletics, clubs, etc.) _____

Post-Secondary School Data

Do you plan to attend St. Clair County Community College? Yes No

If yes, when _____

Intended Major _____ Intended Minor _____

If studying nursing have you been accepted into the ADN or LPN program, which? _____

College Credit hours completed _____ College GPA _____

Will you be attending SC4 full time (12+ credit hours)? Yes No

What are your college/career plans? What inspired you to follow this path? _____

Educational Expenses

Estimate your total expenses for the academic year \$ _____

How much will you be able to provide? \$ _____

How will you acquire this amount? (savings, employment, other scholarships, etc.)

Have you sent in your application for FAFSA? Yes No

If yes, what is your EFC?

If no, what is your household income?

Are you eligible for the State of Michigan Tuition Incentive Program (TIP)? Yes No

I certify that my application and accompanying materials are true and correct to the best of my ability.

I understand that my signature verifies that I (not a parent, friend, counselor, etc.) have completed this application and the accompanying materials.

Name

Date

Additional Requirements

The following must be returned along with this application to the SC4 Foundation administrative office at the Community Foundation of St. Clair County.

- Copy of most recent high school, high school equivalency or college (if applicable) transcripts
- In no more than one page, please answer the following questions:
 - What one accomplishment (nonacademic) are you most proud of, why?
 - What, if any, barriers do you see facing in order to complete a college degree program?
 - What is your employment experience, if any?

Applications can be mailed to 500 Water Street, Port Huron, MI 48060
Or emailed to audrey@stclairfoundation.org