

ANCILLA COLLEGE ALUMNI ASSOCIATION SCHOLARSHIP

APPLICATION FORM

Application for this scholarship must be submitted to Ancilla College by August 15. Before an application can be processed, the applicant must be an admitted student of Ancilla College. Applicants must have submitted a Free Application for Federal Student Aid (FAFSA) and received the results by August 15.

The scholarship provides assistance to an Ancilla College student by paying \$500.00 of tuition cost. The award will be based on a combination of financial need, scholastic ability, educational goals and college, alumni and/or community involvement.

NAME _____
LAST FIRST MIDDLE /MAIDEN

ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ MARITAL STATUS _____

NAME OF HIGH SCHOOL ATTENDED _____

DATE OF GRADUATION OR GED COMPLETED _____

DATE LAST ATTENDED ANCILLA COLLEGE _____

PLEASE MARK ALL SPACES THAT APPLY:

_____ ALUMNUS/A of Ancilla College _____ FULL-TIME _____ FIRST TIME AT ANCILLA
_____ FAMILY MEMBER attended Ancilla College _____ PART-TIME

NAME OF ALUMNUS/A RELATED TO AND RELATIONSHIP _____

INTENDED MAJOR AND INTENDED GRADUATION DATE _____

IN A SHORT ESSAY (200 – 600 words), TELL US WHY YOU ARE ATTENDING ANCILLA COLLEGE. IF YOU ARE A FAMILY MEMBER OF AN ALUMNUS/A, WHAT ARE YOUR GOALS AND AMBITIONS? ALSO, TELL US ABOUT YOUR INVOLVEMENT WITH ANCILLA COLLEGE, THE ALUMNI ASSOCIATION, OR OTHER SCHOOL/COMMUNITY SERVICE. SUBMIT WITH APPLICATION.

I certify that the information provided is accurate and true to the best of my knowledge. I give the Ancilla College Alumni Scholarship Committee permission to request personal and academic information from the high school/college I attended. I will abide by all laws, rules and regulations of the College and grant the college permission to publish any academic honors I receive while enrolled at the college.

Signature _____ Date _____

For committee use: GPA: High school _____; College _____; Financial need: _____