SR. MARY DOLORES ALUMNI SCHOLARSHIP
APPLICATION FORM

Application for this scholarship must be submitted to Ancilla College by April 30. Before an application can be processed, the applicant must be an alumnus from Ancilla College with 30 hours or more, or be the immediate family of an alumnus. Applicants must have submitted an application for Free Application for Federal Student Aid (FAFSA) and received the results by April 30.

The scholarship provides assistance to an alumnus or family member 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_____**MARITIAL 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** _____**FULL- TIME** _____**FIRST TIME AT ANCILLA**

_____**FAMILY MEMBER** _____**PART-TIME**

NAME OF ALUMNUS/A RELATED TO AND RELATIONSHIP_____

INTENDED MAJOR AND INTENDED GRADUATION DATE_____

IN A HUNDRED WORDS OR LESS, 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 YOUR COMMUNITY. 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 regulation of the college and grant the college permission to publish any academic honors I receive while enrolled at the college.

Signature_____ **Date**_____