

General Information

Hopkinsville Community College has a limited number of academic scholarships available for qualified students. These tuition grants are in varying amounts. Tuition grants will be given to persons indicating evidence of ability to profit from college level academic work. The academic scholarship selection committee will meet for the first time in early April. All applications should be received by **March 15** for consideration.

Scholarship Eligibility Procedure

Please read the following information carefully. **Incomplete applications will not be considered.**

All applicants for academic scholarships must:

1. Submit, or have on file, an application for admission to Hopkinsville Community College.
2. Determine with the college’s financial aid office eligibility of need-based aid. Submit the FAFSA including HCC’s school code (001994).
3. Complete carefully all parts of this academic scholarship application.
4. Take the American College Test (ACT) (high school students only). Submit the ACT scores or placement test scores to the admissions office.
5. Submit a copy of a high school transcript and college transcript if applicable. Official copy must be submitted to the admissions office and a photocopy must be included with the scholarship application. Applicant must be a high school graduate by the Fall semester of the current year.
6. A minimum 2.5 GPA (based on a 4.0 scale) is required.
7. Student must be enrolled at full-time status.
8. **Have the appropriate school official complete the last part of this application (high school students only).**
9. Return this application to:

Scholarship Selection Committee/Financial Aid

Hopkinsville Community College

P. O. Box 2100

Hopkinsville, KY 42241-2100

For more information contact: Phone: (270) 707-3808 or Email: claire.bolinger@kctcs.edu

Consent for Release of Student Information

I hereby give my permission to the academic scholarship selection committee to publicly announce my award. If such recognition involves reviewing my grade point average and scholastic record, the committee has my permission to use such information. I also authorize the committee to share my application with any interested community club or organization for the purpose of awarding scholarships. Further, I authorize use of my photo in promotion of college scholarships.

XXX - XX - _____

Social Security Number

Student’s Signature

_____-_____-_____

Date

HCC STUDENT ID #: _____

The academic scholarship committee reserves the right to reduce the amount of academic-based scholarship awards to prevent possible “over awards” to students receiving need-based aid. The committee also reserves the right to reduce awards based on hours enrolled.

PLEASE COMPLETE ACCURATELY. This information may be used for news releases and publication articles.

Personal Information

Full Name: (last) _____ (first) _____ (middle) _____.

Male Female Date of Birth ____/____/____ Telephone (____) _____ - _____.

Home Address _____
Street, route, box no., etc City County State Zip Code

Family Information

List names as they should appear in news releases

Parent or Guardian Name _____ Relationship _____

Home Address (if different from student) _____ Living _____ Deceased _____

Place of Employment _____

Parent or Guardian Name _____ Relationship _____

Home Address (if different from student) _____ Living _____ Deceased _____

Place of Employment _____

Parent or Guardian Name _____ Relationship _____

Home Address (if different from student) _____ Living _____ Deceased _____

Place of Employment _____

Spouse Name (if applicable) _____ Living _____ Deceased _____

Home Address (if different from student) _____

Place of Employment _____

College Plans

Planned date of entrance to HCC ____ - ____ - ____ If enrolled, number of credit hours completed _____

Intended or declared major _____

Intended profession or occupation _____

High School Educational Information

High School Attended _____ Graduation Date _____

GED completion date (if applicable) _____ Hopkinsville or Cadiz Rotary Scholar? (circle one if applicable)

List your most significant honors, awards, and extra curricular activities.

Scholarship Applicant Statement

Please write an essay on the importance to you of the value of a college education and why you have chosen HCC.
(Attach a separate sheet, if needed.)

Documentation of Community Service

Please describe in detail any community service and/or volunteer activities in which you have been directly involved.
(Attach a separate sheet, if needed.)

Final Information and Signature

Check any that apply:

- I am eligible for the Hopkinsville Rotary Scholars Program
- I am eligible for the Cadiz Rotary Scholars Program
- I am from Trigg County and participating in the Agriculture Technology Program
- I am majoring in Agriculture or Economics
- I am pursuing a nursing and/or allied health degree at HCC
- I would like to be considered for the Pioneers, Inc. scholarship, which is directed to qualified students from underserved, underrepresented populations in the HCC service area.
- I am a high school valedictorian or salutatorian.
- I plan to attend courses at the Fort Campbell extended campus.
- I am a sophomore (30 credit hours or more earned).
- I am a single parent.
- I am a GED graduate.
- I am a dual enrolled student (high school student taking college classes on HCC campus or extended campus.
- First generation college student (first in immediate family to attend college).
- I wish to be considered for the John T. Smith Scholarship Program that provides scholarships for African-American Kentucky students. (Your ethnicity must match your Admissions application.)

Signature _____ Date ____ - ____ - ____

To be filled in by the appropriate high school official after applicant has completed the previous sections (applicable only to high school seniors). PLEASE INCLUDE HIGH SCHOOL AND COLLEGE TRANSCRIPTS.

Number in applicants graduating class _____ Applicant's Rank _____ Applicant's GPA _____ Scale Used _____
American College Test (ACT) standard score results (should be taken before the December testing date prior to enrolling).
English _____ Math _____ Reading _____ Science Reasoning _____ COMPOSITE _____

Additional Comments (optional)

Date _____ - _____ - _____

Signature _____

Position _____

Please list the school officials to be notified, if scholarship is awarded

Name _____ Position _____

Address _____

For Office Use Only

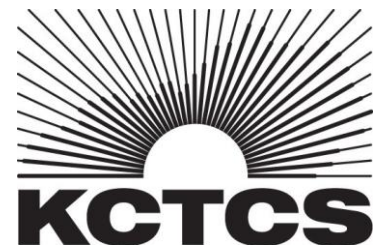
Amount Awarded \$ _____

Date Awarded _____ - _____ - _____

Account number drawn from _____

Hopkinsville Community College is an institution of the Kentucky Community and Technical College System (KCTCS). KCTCS does not discriminate based on race, color, religion, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Dr. Alissa Young, P. O. Box 2100, Hopkinsville, KY 42241-2100 or (270) 707-3705 www.kctcs.edu/student/code.htm

KCTCS is an equal opportunity employer and education institution.



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HIGHER EDUCATION BEGINS HERE