

## **Scholarship Application Form**

**Mission Statement:** We provide affordable, accessible learning opportunities to promote student success and strengthen our community

*Required Fields			
Name: *	Age:*		
Address:*City:	*	_State:*	_Zip:*
County of Residence:*			
EACC E-mail (If applicable):*	Last 4 of SS	N:	
(All communications will come through this e-mail)			
Phone number:*	_		
Completed FASFA:* yes no			
Cumulative GPA:*			
Term *FallSpring			
High School Attended *	Gradu	ation Date*	
Degree of Interest*			
Are you currently employed in Law Enforcemen	t, Corrections, or as a F	irefighter?	yes no
If yes, where are you currently employed?			
<b>Institutional Waivers</b> : Students applying for the Acad Officer, and Firefighter waivers are not required to s	demic Achiever Waiver or	the Law Enforce	ement, Corrections
<b>Foundation Scholarships</b> : Students applying for a foundation state of the state of	undation scholarship liste	d on the <u>EACC S</u>	<u>cholarship</u>
<ol> <li>Submit two letters of recommendation from</li> <li>One personal essay stating your goals and of</li> <li>All College and/or high school transcripts</li> </ol>		s or less	
EACC is authorized to make this information and oth scholarship committee of the EACC Foundation for refrom academic records to determine my eligibility for essay for publicity purposes.	eview purposes. I grant EA	ACC permission t	to release information
Signature	Date		

NOTE: Scholarship awards are contingent on the availability of funding and are not guaranteed. Required enrollment and grade-points must be met each semester to ensure continuation of the scholarships. Scholarships are for one academic year only. Applicants will not be considered for scholarships until they have applied for admission to EACC, submitted transcripts, applicable test scores, and all required letters.