Wilson Community College

$$$$$$$$ *2010-11 Scholarship Application* $$$$$$$$

Name _____ **SSN** _____

Address _____**City/State/Zip**_____

Do you plan to obtain a bachelor's degree after graduation from Wilson Community College? Yes or No

Upon graduation, do you intend to work in Wilson County? Yes or No

If you had a parent who graduated from Wilson Community College please provide their name and SSN below:

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Do Not Complete This Section: *FOR OFFICE USE ONLY*

Office Use only:

1. Major:_____ _____
2. Fall 10 current hours:_____
3. GPA:_____
4. Hours Earned:_____
5. High School Graduated from:_____
6. First term in Major:_____
7. County of residency:_____
8. EFC:_____
9. Unmet Need:_____
10. In-State:_____

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Please provide your name, SSN and address above. More than 80 scholarships are available. By submitting this application, you will automatically be considered for any scholarships for which you meet the criteria. Recipients of most scholarships are selected by the Financial Aid and Awards Committee, which includes the college's faculty and staff. Audited and Exempt course hours do not count towards enrollment status for scholarship award purposes.

Please describe in 100 words or less why you should be the recipient of a scholarship. Return this page to the Financial Aid Office (F100c) by 12:00 pm, August 27, 2010 (For additional space, please use reverse side of form).

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APPLICATION DEADLINE: 12:00 pm, August 27, 2010