



Health Care Winter 2012 Scholarship Application

for students enrolled Winter and/or Spring 2012 only

Deadline: January 23, 2012, 4:30 PM
Return completed application to:
The Financial Aid Office, Parks Bldg, Everett, WA 98201

I. PERSONAL INFORMATION

Name (PLEASE PRINT)

Last Name First M.I.

Address

Telephone (____) _____ email address: _____

SID _____

II. EDUCATIONAL BACKGROUND

If you have not attended college, attach transcript of the most recent high school attended. If you have attended college, attach an unofficial transcript.

Last High School Attended _____ Year Graduated _____
HS GPA _____
College GPA _____

III. CURRENT ENROLLMENT INFORMATION

Which quarters will you be enrolled in EvCC courses? (check all that apply)

WINTER 2012 _____ SPRING 2012 _____

What is your Program of Study? _____

Plans after EvCC: _____

Admitted/enrolled in the EvCC Nursing Program Yes _____ No _____

Admitted/enrolled in the Radiologic Technician Program Yes _____ No _____

Everett Clinic Employee? Yes _____ No _____

IV. FINANCIAL INFORMATION

HOUSEHOLD STATUS: Married _____ Single _____ Live with Parent _____

Number of Family Members in Household _____

Have you applied for financial aid? Yes _____ No _____

If no then please complete below:

Monthly income: \$ _____ (specify source) _____

Monthly expenses: \$ _____

Current Employer _____

V. ESSAY QUESTIONS

Please limit your responses to a maximum of 6 sentences for each question.

1. Commitment to Goals and Tasks: Give one example that demonstrates your diligence and work ethic. Articulate your goals that you have established for yourself and how you have accomplished these goals.

2. Commitment to Community Service: Describe how you have made your community a better place to live. Give specific examples of projects in which you have been involved in within the past 12 months.

3. Leadership and Group Collaboration: Provide examples of your leadership experience and how you have significantly influenced others, contributed to group efforts and helped resolve disputes. Responsibilities on campus and outside of school may be included.

4. Overcoming Adversity: Give an example of the most significant challenge you have faced and what you have done to address this challenge. Who, if any one, did you turn to for support and what role did this person play in this challenge? Include in your answer what you learned about yourself.

VI. STUDENT CERTIFICATION

I have completed this application with the best information available, and I hereby attest to its accuracy. I authorize the Office of Student Financial Aid to forward my completed application to donors who may consider me for a scholarship.

By signing this application I authorize Everett Community College and the EvCC Foundation to access my academic and financial records as part of the awards process. If a scholarship is awarded to me and I do not return the required paperwork by the deadline indicated, I understand the scholarship award will be withdrawn and awarded to another student.

I understand that if my application is incomplete and/or all required supporting materials are not attached, my application will not be considered by the selection committee.

I give my permission for Everett Community College and Everett Community College Foundation to release my name in any publications if I am the recipient of a scholarship.

Yes ____ No ____

I understand that I will be asked to attend a scholarship reception during Winter Quarter and will make every attempt to attend.

Yes ____ No ____

Student Signature _____ Date _____
(All applicants must sign)

Everett Community College does not discriminate on the basis of race, religion, creed, color, national origin, age, sex, marital status, disability, or veteran status.