

# CrowderCollege

Cassville • Neosho • Nevada • Webb City

601 Laclede / Neosho, Missouri / (417) 451-3223 / www.crowder.edu

## Institutional and Foundation Scholarship Application

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

**If applying for a departmental scholarship, please indicate which department you are seeking:**

Agriculture  Art & Design  Theatre  Journalism  Music  Vocational Technical

Environmental Health  Business & Office Administration  Other (please specify) \_\_\_\_\_

List any scholastic honors in high school and/or college \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the major activities you have participated in during high school and/or college \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Certain scholarships are awarded based upon the financial need of the student. If you wish to be considered for a scholarship, you must provide complete financial information. **Do not leave a line blank. Blank lines will be considered an incomplete application. If the question does not apply to you enter N/A.**

### Financial Information

(This section must be completed to be considered for a scholarship)

Total number of people in household \_\_\_\_\_

Names and ages of everyone living in your home \_\_\_\_\_

\_\_\_\_\_

Are you receiving any other scholarships?  Yes  No

If yes, please list the name of the scholarship and the amount awarded \_\_\_\_\_

Please list any unusual family circumstances, which have a bearing on family financial support for the college student. Include such items as unusual illness, misfortunes, or other pertinent information not included elsewhere.

**Answer the following questions for each of the individuals listed below:**

1. Total family income from all sources last year before taxes or withholding.
2. Annual income from nontaxable sources (Social Security, Child Support, Welfare, etc)
3. If self-employed, explain nature of business.

Spouse	Father	Mother	Other

Statement of certification: I hereby give consent for the Scholarship committee to review my complete academic records. I have read and understand the requirements for maintaining and renewing the scholarship given to me by Crowder College. I also consent to the release of my name to the news media in the event I am awarded a Scholarship. I authorize Crowder College to release enrollment verification, grade reports, or any other information deemed necessary by Crowder College to monitor my academic progress.

Review of application begins July 1 for fall semester. Students are encouraged to submit application even if date is past beginning of review period.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Hometown Newspaper \_\_\_\_\_ City \_\_\_\_\_

Scholarships are awarded without regard to race, color, national origin, gender, age, or disability.

<b>Office Use Only:</b>		
<b>Date Application Received</b> _____	<b>Advisor Packet Attached</b> _____	
<b>Anticipated Graduation Date</b> _____		
<b>Total Hours Completed</b> _____	<b>Hours Enrolled in Currently</b> _____	<b>Cumulative GPA</b> _____
<b>Is student Eligible for Scholarship</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Other Funding</b> _____		