

SCHOLARSHIP APPLICATION

OCTC is an equal opportunity
employer and educational
institution.

Applications must be RECEIVED by April 1, 2016

Part I

Please check the appropriate box that is applicable to you for the **Fall 2016** semester:

- I will be an incoming Freshman at OCTC. High School Graduation Date: _____
- I am currently enrolled at OCTC. I was previously enrolled at OCTC.
- I am a transfer student. Institution previously attended: _____

Student Information - Please Print

Name: _____ Date of Birth: _____
First MI Last

Student ID Number: _____ Social Security #: _____

Address: _____

Telephone: _____ Email: _____

Declared Major: _____ Anticipated OCTC Graduation Date: _____

High School Name: _____ Graduation Date: _____

2016 High School Graduates: You must submit a copy of your high school transcript with your scholarship application.

Have you submitted a 2016-2017 FAFSA? (You must complete the FAFSA to be considered for any OCTC Scholarships) Y N

The questions marked with an asterisk (*) are optional; however, that information may be considered for certain scholarships.

Ethnic Origin*: African American Asian Caucasian
 Hispanic Native American Pacific Islander
 Other: _____

I am a single, working parent with at least one child, age 12 or under, who lives with me*: Y N

I am a resident of Daviess County and my household income is below \$54,900*: Y N

I am an employee or a dependent of an employee of Owensboro Health or Kentucky BioProcessing, Incorporated. Y N

Part II—Attach a separate page if more space is needed.

1. Please write a brief statement outlining your personal and/or education goals:

2. List the scholarships for which you are applying (Please refer to the scholarship brochure):

3. If you will be receiving any other scholarships and/or educational assistance, please indicate the source and amount of funding: _____

PART III

Student Release Information: *By signing below, I verify that all the information provided on this application is accurate. I give my permission for the OCTC Scholarship Committee to review any available academic and financial aid records. I give my permission to forward information included in or attached to the application to any outside OCTC scholarship donor. I understand that OCTC scholarships are contingent upon receiving funds from the donor. If selected as a scholarship nominee, I give my permission for OCTC and/or the Scholarship Committee to publicly announce my selection.*

Signature

Date

*****You must submit at least one letter of recommendation with your scholarship application.**

For Office Use Only:

EFC: _____ Unmet Need: _____ GPA: _____ Hours: _____ Completion Rate: _____