

Last Name _____ First Name _____ MI _____

ECC Student ID _____ Date of Birth _____



SCHOLARSHIP APPLICATION

**Office of Financial Aid
1964 Prairie Dell Road
Union, MO 63084**

APPLICATION PROCESS

Please read the scholarship criteria carefully, if there are specific scholarships for which you would like to be considered, please list below. You will automatically be considered for all scholarships that fit your profile. *Note:* The number of scholarships available includes renewals. In March the ECC scholarship committee will begin the selection process. Recipients will be announced in April. All recipients will be notified in writing.

1. Send Application for Admission and a copy of your current high school or college transcripts to the Registrar at the address listed above by March 15 for fall/full-year scholarships.
2. All scholarships require full-time enrollment unless otherwise noted.
3. All scholarships are for fall and spring semesters unless otherwise noted.
4. Scholarships restricted to tuition and fees will not exceed the total amount charged to the student.
5. Scholarship applications will be kept on file for one academic year in the event that additional scholarships become available.
6. All scholarship applicants must complete the FAFSA (Free Application for Federal Student Aid) at www.fafsa.gov (East Central's school code is 008862).

This scholarship application, along with the FAFSA results, must be received by March 15 for the early application deadline; June 1 for the late application deadline. December 15 is the deadline for any available spring scholarships.

OFFICE USE ONLY

HS GPA _____
COL GPA _____
ACT _____
Major _____

Class Level _____
Attempted _____
Completed _____
HS _____

HS Grad Yr. _____
HS Rank _____
A+ _____
EFC _____

(continued on back)

PERSONAL DATA

Student's Place of Employment _____

Parent's or Spouse's Place of Employment _____

Have you received a scholarship during previous periods of enrollment at East Central? Yes No If yes, specify name of scholarship and semesters: _____

Elementary School(s) Attended: _____

Are you a Four Rivers Career Center Health Occupations Program graduate? Yes No

Are you a single parent? Yes No

Did you play sports in high school? Yes No If yes, which sport? _____

Do you have any relatives who are ECC alumni? Yes No If yes, please provide name(s): _____

Civic, community, social activities, honors and offices held within the last two years. Please be specific: _____

Briefly describe your academic and career goals along with any other information about yourself that would support your application: _____

I hereby certify that the information submitted on this application is, to the best of my knowledge, correct. I further certify that if I should fail, at any time during the period the scholarship is granted, to meet the criteria by which it was awarded and should be maintained, I shall notify the Office of Financial Aid; or if I am notified by the Office of Financial Aid of such failure to comply with the scholarship criteria, I shall abide by the policy of East Central College in regard to scholarship recipients. If I fail to meet the minimum standards of academic progress I will lose my institutional scholarship the following semester.

Signature _____ Date _____

If you wish to be considered for any financial assistance offered by groups or individuals other than the ECC Scholarship Committee, the Office of Financial Aid must have your permission to release confidential information. Please sign the following release:

I hereby authorize the ECC Financial Aid Office to release information contained in my scholarship application to a third party. The sole purpose of the release of this information is in connection with consideration by such third party of my eligibility for receipt of financial aid in the form of a scholarship or other financial assistance. Such third parties include scholarship committees or individuals who need such information in order to award financial assistance.

Signature _____ Date _____

NOTICE OF NON-DISCRIMINATION

East Central College does not discriminate on the basis of race, color, religion, national origin, ancestry, gender, age, disability, or veteran status. Inquiries/concerns regarding civil rights compliance as it relates to student programs and services may be directed to the Vice President of Student Development, Administration Building - Room 131, 1964 Prairie Dell Road, Union, MO 63084, (636) 584-6565 or stnotice@eastcentral.edu. 7-2011