

## GENERAL SCHOLARSHIP INFORMATION

Elizabethtown Community & Technical College annually awards scholarships to Advanced Standing and Transferring students. The Scholarship Committee of Elizabethtown Community & Technical College may consider the following when selecting the scholarship recipients:

1. The Student's Academic Standing
2. The Student's ACT or ASSET Test Results
3. The Student's Honors, Extracurricular Activities and/or Community Involvement
4. Letters of Recommendation. Submit two letters of recommendation from your professors.
5. The Student's Financial Information
6. Specific Requirements Specified by the Scholarship Donor

**DEADLINE TO APPLY IS MARCH 1**, and students must have an Elizabethtown Community & Technical College application on file to be considered. *An application received after the deadline will not be considered.*

1. **NAME:** \_\_\_\_\_  
(Last) (First) (Middle)
  2. **SOCIAL SECURITY #:** \_\_\_\_\_
  3. **ADDRESS:** \_\_\_\_\_  
(Street & Number, R3, Box, etc.) (City) (County) (State) (Zip)
  4. **DATE OF BIRTH:** \_\_\_\_\_ 5. **HOME PHONE:** \_\_\_\_\_
  6. **MONTH/YEAR OF HIGH SCHOOL GRADUATION** \_\_\_\_\_ / \_\_\_\_\_  
Mo. Yr.
- NAME OF HIGH SCHOOL:** \_\_\_\_\_

7. **DATE (Semester) OF FIRST ENROLLMENT AT ECTC:** \_\_\_\_\_
8. **CURRENT MAJOR AT ECTC:** \_\_\_\_\_
9. **Applying for scholarship effective for the 20** \_\_\_ \_\_\_ **Fall** \_\_\_ **Spring**
10. **FOR THE SEMESTER INDICATED IN #9, I PLAN TO:** (Check One)  
 \_\_\_\_\_ Return to ECTC                      \_\_\_\_\_ Transfer to another college  
 If transferring, where: \_\_\_\_\_
11. **HAVE YOU ATTENDED ANOTHER COLLEGE(s) OTHER THAN ECTC?** \_\_\_ YES \_\_\_ NO  
**If yes, what institution(s):** \_\_\_\_\_
12. **SPECIAL AWARDS, HONORS, EXTRACURRICULAR ACTIVITIES** (school, community, church, etc.) while in college  
 (Attach extra sheet(s) if necessary)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**FINANCIAL INFORMATION**

13. **SIZE of HOUSEHOLD** (including yourself): \_\_\_\_\_ **HOW MANY MEMBERS of HOUSEHOLD** (including yourself) **will be ENROLLED in COLLEGE DURING the SCHOOL YEAR?** \_\_\_\_\_
14. **ANNUAL HOUSEHOLD INCOME:** \_\_\_\_\_
15. **Applicants Financial, Employment and Miscellaneous Information:**  
 Are you or do you expect to be employed during the school year? \_\_\_ YES \_\_\_ NO  
 If YES, \_\_\_\_\_ FULL-TIME                      \_\_\_\_\_ PART-TIME  
 Monthly Income (Optional) \_\_\_\_\_ Place of Employment \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 List possible sources/types of financial resources (i.e., PELL, State KHEAA, scholarship, etc.) that you might have or will have available for educational purposes: \_\_\_\_\_  
 What will be the primary source of funds available to you to finance your education next year? \_\_\_\_\_

**Completion of #'s 16, 17 & 18 is voluntary**

16. **SEX:**  Female  Male

17. **MARITAL STATUS:**  Single  Married  Divorced  Other

18. **RACE:**  American Indian  Black  Oriental  White  Other

19. **If you desire consideration for a specific scholarship, indicate the name(s) of the Scholarship(s) below:**

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**To The Applicant**

This form must be completed in detail in all areas where applicable in order for you to be given full consideration for a scholarship. If an area does not apply, please so indicate. Completed form should be returned to:  **Elizabethtown Community & Technical College, 600 College Street Road, Elizabethtown, KY 42701, ATTN: Dr. Dale Buckles, Scholarship Coordinator.**

“I hereby consent to the release of the information included in this application to the College Scholarship Committee and, if appropriate, to selected scholarship donors and/or the news media. I understand that the information may be used only in connection with scholarship awards and that this one application will allow me to be considered for all scholarships for which I am eligible.”

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(Signature of Applicant)

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(Date)

***AN EQUAL OPPORTUNITY INSTITUTION***