



# Coastal Carolina Community College Foundation, Inc. Scholarship Application

444 Western Boulevard • Jacksonville, North Carolina 28546-6816  
(910) 938-6792 • [teacheyc@coastalcarolina.edu](mailto:teacheyc@coastalcarolina.edu) **OR** [cotel@coastalcarolina.edu](mailto:cotel@coastalcarolina.edu)

## INSTRUCTIONS and REQUIREMENTS

1. All applicants are required to complete the FAFSA (Pell Grant) application on an annual basis, which may be completed online at [www.fafsa.gov](http://www.fafsa.gov). (Please make sure you have done so for the current year.)
2. **Deadline for all applications is JUNE 1.**
3. High school/college transcripts. If you have attended college for at least two semesters, only your college transcripts are required. If your transcripts are at Coastal, **you must request they be forwarded from the Registrar's Office.**
4. Two letters of recommendation. Letters should address financial need, academic performance, and/or general character. Letters may be obtained from instructors, clergy, or employers. **Recommendations cannot be from a relative.**
5. Applicants must be accepted for admission to Coastal to be considered for financial aid.

## APPLICANT'S STATEMENT

**Write a brief statement below showing financial need**, indicating your short-term and long-term educational and vocational goals. Please describe why you believe you should receive this scholarship.

As an applicant for financial assistance from Coastal Carolina Community College Foundation, Inc., I understand that any information contained within this application process may be shared with scholarship sponsors including academic progress and standing while at Coastal.

## EDUCATIONAL and PERSONAL DATA

Applicant Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State and Zip Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Cellular Phone ( ) \_\_\_\_\_

Student ID Number \_\_\_\_\_ E-mail \_\_\_\_\_

College Curriculum \_\_\_\_\_ Classification for upcoming year  Freshman  Sophomore

**This form is completed ONCE EACH YEAR for the entire school year.**

Please indicate **ALL** semester(s) financial assistance is needed  Fall  Spring  Summer (Academic year 20\_\_\_\_ - 20\_\_\_\_)

Name of high school from which you graduated \_\_\_\_\_

Community, church, and school organizations for which you volunteer \_\_\_\_\_

The following two questions will be verified.

All applicants are required to complete the FAFSA (Pell Grant) application on an annual basis.

Have you done so for the current year?  Yes  No

Have you applied for other financial aid?  Yes  No (If yes, give details) \_\_\_\_\_

Do you receive any of the following financial aid? (Check all that apply)

VA Benefit  MyCAA  Pell Grant (FAFSA)  Other \_\_\_\_\_

Are you employed?  Yes  No (If yes, where?) \_\_\_\_\_ Average hours per week. \_\_\_\_\_

The following information is requested due to the criteria of some of the available scholarships.

**Military**  Active Duty  Dependent  Retiree  NA

**Ethnicity**  White  African-American  Hispanic  Other

Do you have any disabilities?  Yes  No

## FINANCIAL ANALYSIS

|                        |          |                                   |       |
|------------------------|----------|-----------------------------------|-------|
| Your annual income     | \$ _____ | Total number of members living    | _____ |
| Spouse's annual income | \$ _____ | in household?                     |       |
| Father's annual income | \$ _____ |                                   |       |
| Mother's annual income | \$ _____ | Total number of household members | _____ |
| <b>TOTAL</b>           | \$ _____ | enrolled in college?              |       |

## FOR OFFICE USE ONLY

|             |       |         |       |            |       |
|-------------|-------|---------|-------|------------|-------|
| FAFSA filed | _____ | Awarded | _____ | EFC        | _____ |
| VA benefits | _____ | Awarded | _____ | Unmet Need | _____ |
| Other       | _____ | Awarded | _____ | FNN/Rec    | _____ |

**NOTES:** \_\_\_\_\_

\_\_\_\_\_