

IMPORTANT: READ CAREFULLY

1. All recipients, upon acceptance of an Association Grant are bound by the regulations that will accompany the Letter of Award.
2. **This application must be returned to the: Walters State or Roane State Community College Program Director.**
3. This application must be typed or neatly printed.

1. Date of Application _____
2. () Male () Female
3. Social Security Number _____
4. Check One:

() High School Senior () GED () Re-entering

5. First Name _____ M. _____ Last _____
6. Home Address _____
7. Telephone Number _____
8. Marital Status: __Single __Married __Divorced __Widowed
9. Date of Birth _____
10. Parent, Guardian, or Spouse (Name) _____
11. Address: _____
12. Occupation of (Father) or (Husband) circle one _____

Employer _____

13. Occupation of (Mother) or (Wife) circle one _____

Employer _____

14. Your Occupation _____

Employer _____

15. High School Attended _____ Yr. Graduated ____
16. Address _____
17. How long have you lived in Tennessee? _____

If you lived in Tennessee for less than a year, has the RSCC/WSCC Office of Admissions classified you as a resident? Y ____ N ____

18. GED Score _____ Year Taken _____ Place Taken _____
19. Are you or will you be enrolled in remedial/developmental classes?

YES _____ NO _____

20. Which institutions are you or will you be attending?

Roane State _____ Walters State _____

21. High School Honors/Activities _____
22. Other Honors/Activities _____
23. What is or will be your Major? _____

24. Hours of College Credit work (to date): College _____

Number of Hours Earned ____ When _____ Degree? _____

Complete Section 25-27 if you wish to be considered on the basis of need

NOTE: This may enhance your chances of receiving a grant. Please note any

Unusual expenses or financial hardship you have. When completing

Sections 25-27, you must attach a copy of your income tax return for the previous year.

25. Number of persons living at home _____ Number Employed _____

Names and Ages (other than parents or spouse)

Number in Public Schools _____ Number in Private School _____

Number in College _____

26. Total gross income of family for the last calendar year : \$ _____

Your total gross income last year: \$ _____

27. Unusual Expenses: _____

28. Have you received a Director's Grant before? () Yes () No

29. Have you applied for or received any other scholarships/grants/financial

Aid that will be awarded next semester? () Yes () No

TYPE OF AWARD AMOUNT

Pell Grant _____ Applied ___ Received

Student Loan _____ Applied ___ Received

Work Study _____ Applied ___ Received

JTPA _____ Applied ___ Received

Voc. Rehab. _____ Applied ___ Received

VA Benefits _____ Applied ___ Received

Minority Grant _____ Applied ___ Received

Scholarships _____ Applied ___ Received

30. Explain in your own handwriting why you are applying for this scholarship.

Discuss your financial need if pertinent:

A GRANT RECEIPIENT IS EXPECTED TO:

- 1. Maintain high standards that will reflect favorably on the recipient, the Director's Association and their sponsoring service.**
- 2. Immediately notify the Director's Association of any changes in status, class load, or other pertinent matters.**
- 3. Abide by all Association regulations that accompany the Letter of Award.**

Failure to comply with these expectations can result in loss of scholarship for future semesters.

I certify I have read the Regulations of this assistance program and agree to abide by them.

On my honor, I certify the information in this application is true and hereby agree that in the event I receive educational assistance grant, my grade-point average and other pertinent information can be shared with the Region II Director's Association or included in publicity regarding the Association activities.

Signature

Date