



NEOSHO COUNTY COMMUNITY COLLEGE

The education you need. The attention you deserve.

800 WEST 14TH STREET
CHANUTE, KS 66720

226 BEECH
OTTAWA, KS 66067

620.431.2820 EXT. 219
IN KANSAS 1-800-SAY-NCCC
www.neosho.edu

APPLICATION FOR SCHOLARSHIP

FINANCIAL AID OFFICE 620.431.2820 EXT 219

Please refer to the NCCC website for a detailed listing of NCCC scholarships. Website information includes eligibility criteria, renewal criteria, and additional information. Some scholarships require additional application procedures. If you have any questions, contact the Director of Financial Aid &/or the college department sponsoring the scholarship.

All scholarship applicants must complete an Admission Form and be degree-seeking at NCCC. Academic scholarship applicants must provide a copy of their high school transcript (7th semester is acceptable), GED diploma, and all previous college transcripts (if applicable) to the NCCC Registrar's office.

Priority deadline is May 1. Late scholarship applicants may be awarded if funding is available.

PLEASE PRINT IN INK. SUBMIT YOUR COMPLETED APPLICATION TO THE DIRECTOR OF FINANCIAL AID.

LAST NAME FIRST NAME MIDDLE INITIAL

NCCC ID# OR SOCIAL SECURITY NUMBER BIRTH DATE

STREET ADDRESS CITY STATE ZIP

COUNTY HOME PHONE

EMAIL ADDRESS CELL PHONE

CHECK ENROLLMENT STATUS:	FULL TIME (+12 HOURS)	3/4 TIME (9-11 HOURS)	1/2 TIME (6-8 HOURS)	LESS THAN 1/2 TIME (-6 HOURS)
FALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPRING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACADEMIC EMPHASIS AREA (MAJOR)

**PLEASE INDICATE THE SCHOLARSHIP(S) YOU WISH TO APPLY FOR
ON THE BACK OF THIS FORM**

Please check the boxes of the scholarships you wish to apply for. Applicants may select up to 3 types of scholarships (for instance, Academic, Nursing, & Service), but the student may only accept 1 scholarship. Please refer to the NCCC Scholarship website for additional information: www.neosho.edu

ACADEMIC SCHOLARSHIPS

- ACADEMIC
- NURSING
- BUSINESS PROGRAM - List Business Area: _____
- INDUSTRIAL ENGINEERING TECHNOLOGY - List Technology Area: _____
- EDUCATIONAL OPPORTUNITY (FOR PART-TIME STUDENTS)

SERVICE SCHOLARSHIPS

PLEASE RANK YOUR AREA OF SERVICE INTEREST IN ORDER OF PREFERENCE (1, 2, 3...)

- ____ OFFICE ASSISTANT - Chanute
- ____ OFFICE ASSISTANT - Ottawa
- ____ CUSTODIAL/GROUNDS
- ____ RESIDENTIAL HALL DESK
- ____ FIELD MAINTENANCE-Baseball
- ____ FIELD MAINTENANCE-Softball
- ____ GAME MANAGEMENT
- ____ GYM MAINTENANCE
- ____ LIBRARY
- ____ SPORTS INFORMATION
- ____ STUDENT AMBASSADOR
- ____ TECHNOLOGY SERVICES
- ____ WELLNESS CENTER MAINTENANCE

Service scholarships are need-based. Applicants must complete the Free Application for Federal Student Aid (FAFSA) and have a completed NCCC financial aid file to be considered. Students must also complete 60 hours of service during each semester the Service Scholarship is received.

ACTIVITY SCHOLARSHIPS

- ART
- ATHLETIC TRAINING
- CHEERLEADING
- DANCE
- FORENSICS / DEBATE
- HONORS
- THEATRE
- VOCAL MUSIC
- ATHLETIC MANAGER - List Sport: _____

To assist our office in matching your application with scholarship funds, please answer the following questions.

- 1. I have completed the Free Application for Federal Student Aid. (FAFSA) YES NO
- 2. Are you planning to enroll as a full or part-time student? FULL PART-TIME
- 3. Have you been accepted to the nursing program? YES NO
- 4. Are you a member of the NCCC Student Senate? YES NO
- 5. Are you a descendant of the Defenbaugh family? YES NO
- 6. Are you or a member of your immediate family an employee of Young's Welding Inc.? YES NO

PLEASE READ CAREFULLY:

The information I have provided on this form is true and correct. I have read, understand, and agree to abide by the terms of the awards offered and described in the NCCC Scholarship Handbook.

SIGNATURE

DATE

I hereby authorize the Financial Aid Office to release information regarding my scholarship to the Foundation Office and scholarship donors.

SIGNATURE

DATE

PLEASE RETURN THIS APPLICATION TO THE DIRECTOR OF FINANCIAL AID