



Institutional Academic (Non-Hathaway Eligible) Scholarship Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Social Security # or Student ID #: _____

Email _____

I am applying for a WWCC Scholarship beginning in the following term and year:

_____ Fall _____ Spring of 20_____

_____ Full Time (12+ credits per semester) _____ Part Time (6-11 credits per semester)

High school graduation date (MM/YY) _____

High school name _____

OR

Home school graduation date (MM/YY) _____

“I understand that May 1 is the deadline to accept this provisional scholarship award. I also understand that the scholarship award is subject to change based on review of final high school transcripts and ACT or SAT scores.”

“I hereby consent to have my grades, transcripts or other information from my admissions or financial aid files released to authorized officials when any or all of the information is required for the grant for which I am applying or may be awarded. I also certify that the information provided is true and correct to the best of my knowledge.”

_____ Signature _____ Date

FOR OFFICE USE ONLY

Provisional Eligibility

ACT / SAT Composite: _____

Cumulative GPA: _____

Final Eligibility

ACT / SAT Composite: _____

Cumulative GPA: _____

Director Of Admissions

Financial Aid Director

Other: Home-Schooled Student _____ Date of Completion _____

Award Level:

Opportunity (19 / 2.5) _____ **Performance** (21 / 3.0) _____ **Honor** (25 / 3.5) _____