

Name: _____

Date: _____



HARTNELL COLLEGE

Scholarship Application

Deadline is December 16, 2011

Completed Application Packet must include:

- Application
- One page personal statement
- One letter of recommendation

Do not staple documents!

All documentation must be one sided, no back to back

Drop off or mail completed applications to:

Hartnell College
Scholarship Office- Call 121
411 Central Ave.
Salinas, CA 93901

*Must be postmarked no later than deadline date

Transcripts will be obtained by the Financial Aid & Scholarship Office

I. CONTACT INFORMATION

Please print (Black or Blue Ink Only) or Type:

First name: _____ Last: _____ MI: _____

Hartnell Student ID #: _____ Last 4 digits of SSN#: _____

Gender: Male _____ Female _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

II. ACADEMIC INFORMATION

Hartnell College Units Completed: _____ Units Enrolled: _____ Cumulative GPA: _____

REMEMBER! To be eligible for Hartnell College scholarships, students must be enrolled in a minimum of **9 units at Hartnell and maintain a 2.7 G.P.A or better during the 2012-2013 academic year.**

A. SCHOLARSHIP AREA

Some scholarships are awarded to students based on specific majors or areas of study or interest.

Please indicate your major or area of study:

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Biology | <input type="checkbox"/> Engineering | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> ADJ | <input type="checkbox"/> Business | <input type="checkbox"/> English | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Art | <input type="checkbox"/> Computer Science | <input type="checkbox"/> Liberal Studies | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Construction | <input type="checkbox"/> Math | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> ECE | <input type="checkbox"/> Music | <input type="checkbox"/> Science, Technology
Engineering and Math (STEM) |
| <input type="checkbox"/> Other: _____ | | | |

Check any of the following that apply to you:

- | | |
|---|--|
| <input type="checkbox"/> AB 540 Student | <input type="checkbox"/> Financial Aid Student |
| <input type="checkbox"/> CA Rodeo | <input type="checkbox"/> First in family to go to college |
| <input type="checkbox"/> CHISPA Resident | <input type="checkbox"/> International Student |
| <input type="checkbox"/> Classified Hartnell College Employee | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Dole Employee-Spouse/Child | <input type="checkbox"/> Received Tutorial Assistance or Learning Assistance |
| <input type="checkbox"/> Enrolled in Nursing Program | <input type="checkbox"/> Re-entry Student |
| <input type="checkbox"/> EOPS | <input type="checkbox"/> Veterans of Monterey County |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Bilingual Languages spoken: _____ |

Extracurricular Activities & Community Involvement

- List any/all sports you participate in:

- List all campus activities you are involved in, such as clubs, groups, etc.:

- Name all community service programs, organizations, etc. you are involved in:

- Place of employment:

- List any scholarships you have applied for in the past year:

B. TRANSFER STUDENTS ONLY

Please indicate the college/university you will be transferring to for the FALL 2012 semester

IMPORTANT! If you later decide you will not be attending the college or university listed above, please notify the Scholarship Office as soon as possible.

C. SCHOOLS ATTENDED

	Name	City/State/Country	Dates of Attendance
Middle School	_____	_____	_____
High School	_____	_____	_____
College(s)	_____	_____	_____
	_____	_____	_____

D. REFERENCES

List two people who have knowledge of your academic promise, character, and responsibility.
Please note: This is in addition to your letter of recommendation.

	Name & Address	Position/Title	Phone
1.	_____	_____	_____
2.	_____	_____	_____

III. READ AND SIGN

I, the undersigned, verify that I am the sole author of this application and that all statements herein are true and factual to the best of my knowledge.

Signature of Applicant: _____ Date: _____