



BEAUFORT COUNTY COMMUNITY COLLEGE

Spring 2019 Scholarship Application

Application Information

Full Name: _____
First Middle/Maiden Last

Address: _____
Street Address

City State ZIP Code

Home Phone: _____ Cell Phone: _____

BCCC Email: _____

Have you completed the current FAFSA? Yes No

County of residence: _____ Resident for how many years? _____

List any scholarships you will receive for the current semester and the amount of the award:

Did you graduate from high school? Yes No

Name of high school attended: _____

High school GPA: _____

How many semesters have you completed at BCCC as of the end of the current semester? _____

(Current BCCC Students) Student ID: _____

Names of all Colleges or Universities Attended: _____

Do you hold a degree from another college or university? Yes No

Degree held: _____

Are you a single parent? Yes No

Number of children for whom you have custody: _____

Ages of children: _____

Do you have a family member that graduated from BCCC? Yes No

If so, what is their relationship to you? _____

Do you plan to transfer to a four-year degree school after you graduate from BCCC?

Yes No

Are you or a family member an employee of the SECU or SECU Foundation?

Yes No

Do you have a parent currently employed by BCCC? Yes No

If so, please list their name: _____

What is your major/course of study at BCCC? _____

What will be your status in your program in the upcoming semester? Freshman Sophomore

Check the semesters you plan to attend BCCC: Spring Summer Fall

If selected to receive a scholarship, will you be willing to speak to scholarship donors about how the scholarship helped you attend BCCC? Yes No

Please provide a statement discussing how you intend to use your degree after graduation:

Please provide a statement discussing the impact of this scholarship on you and your family:

This application contains accurate information to the best of my ability. Falsification of information will result in the termination of any scholarship granted. In addition, I understand that a copy of my application may be shared with members of the Beaufort Community College Foundation Scholarship Selection Committee and this application becomes the sole property of the Beaufort Community College Foundation. It is my responsibility to inform the Beaufort Community College Foundation Office if any information on this application or my academic standing changes.

I authorize release of my name and photograph to media if awarded a Foundation Scholarship.
I understand all scholarship notifications will be sent to my BCCC email.

Signature: _____