



# BEAUFORT COUNTY COMMUNITY COLLEGE

## Fall 2018 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:

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

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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: \_\_\_\_\_