TRINITY VALLEY COMMUNITY COLLEGE SCHOLARSHIP APPLICATION

Name of Student	Date	of BirthS	SSN or TVIN
(Last, First, Middle)			
Address	Email Address_		Phone ()
(Street or P.O. Box,	City, State, ZIP)		
High School Attended		_ Date of Graduation	H.S. Grade Point Average
(Name of HS, City, S	State, Zip)		
Have you attended college previously? If so, when?	Where?		
When do you expect to enroll at TVCC? Wha	t is your planned program of study?		
Do you anticipate completing an associate degree from TVCC?	If so, when?		
Please indicate the name(s) of scholarships for which you are applying	ng (only one application necessary for AN	Y donor or departmental schola	arship in the college catalog):
Have you received other scholarships? If so, please ind	licate the name and amount of each:		
Attach a signed letter explaining why you desire the scholar recommendation and a copy of all transcripts (from high school may attach additional sheets if necessary. The Scholarship Awar meets in early January to award scholarships for the spring sen by mail once the awards have been made.	l, GED, other colleges, etc. as of date rds Committee meets in early May to	e of application). <u>Incompl</u> o award scholarships for t	ete applications will not be considered. You he following Fall semester. The Committee
State law requires that each student identify any relation to a curre institution is prohibited from receiving scholarships unless the semisdemeanor to file a false statement. Please review a list of current select the most appropriate answer below indicating your relation to	cholarship is awarded exclusively ba t Trinity Valley Community College Bo	sed on academic merit or oard of Trustees members a	is an athletic scholarship. It is a Class B
o Not related to a Trustee o Trustee's mother, father, daughter o Trustee's great-grandchild, uncle (brother of parent), aunt (sister o o Trustee's spouse; spouse's child; spouse's mother or father; child's o Trustee's spouse's brother or sister; spouse's grandparent; spouse'	f parent), nephew (son of brother or sis s spouse; or parent's spouse	ter), or niece (daughter of b	
Date Signature of Applicant			

Return completed application to: Director of Financial Aid, Trinity Valley Community College, 100 Cardinal Drive, Athens, TX 75751

THE APPLICATION DEADLINE IS APRIL 15