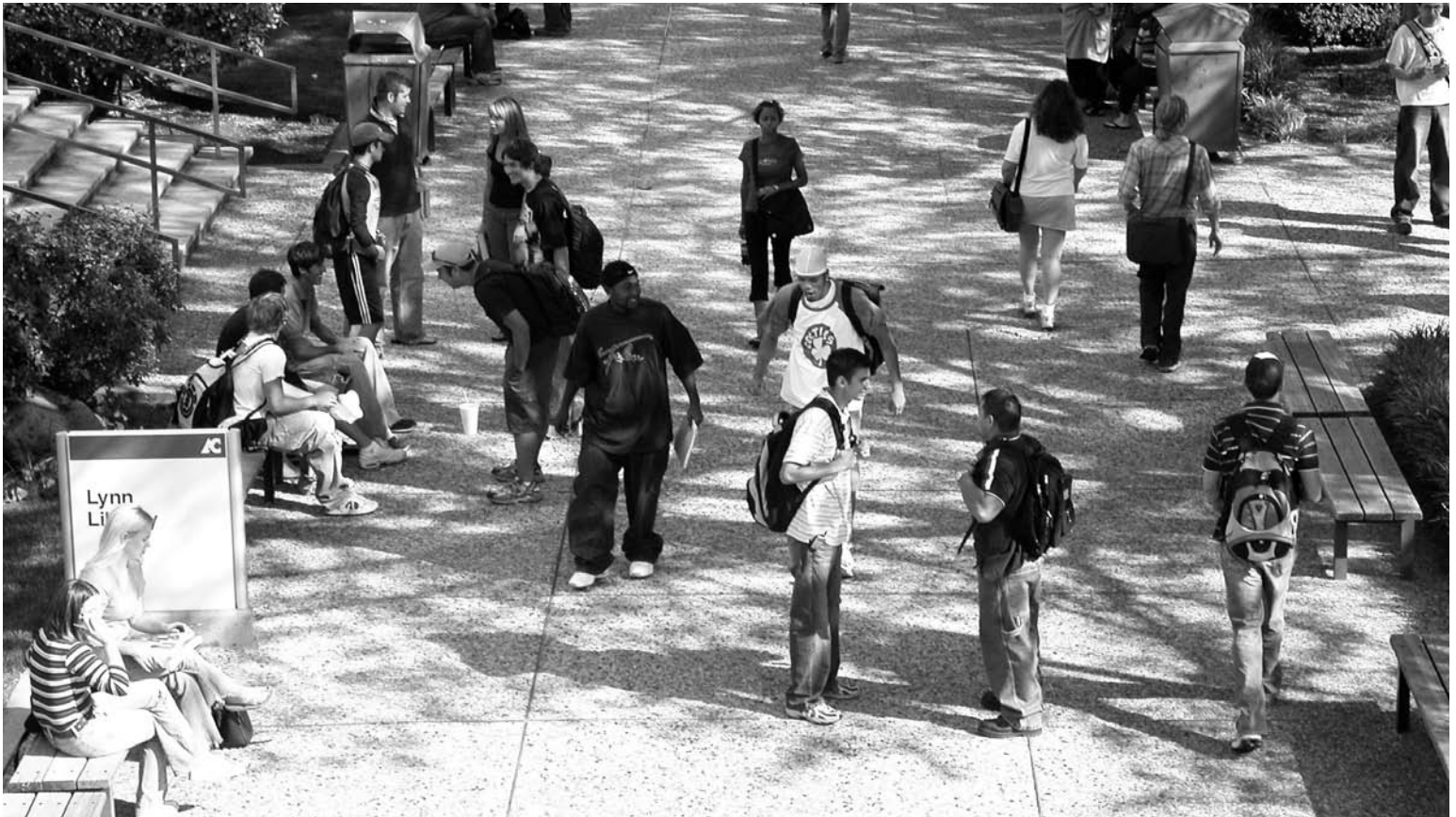


**Continuing Education**  
2009-2010  
**Scholarship Application**

**AMARILLO COLLEGE AND AMARILLO COLLEGE FOUNDATION INC.**



*Application also available online at [www.actx.edu/ce/scholarships](http://www.actx.edu/ce/scholarships) or [www.actx.edu/foundation/scholarships](http://www.actx.edu/foundation/scholarships)*



2009-2010 SCHOLARSHIP AND STUDENT AWARDS

Scholarship and student awards are monies available to students that do not require repayment.

To be eligible to receive student awards and scholarship dollars – YOU MUST APPLY.

This application must be completed and:

MAILED TO:

Scholarships
The Amarillo College Foundation
PO . Box 447
Amarillo, Texas 79178

Or

HAND-DELIVERED TO:

The Amarillo College Foundation Office
Washington St. Campus – 24th and Washington
2nd Floor – CUB Building – Room 206

Incomplete or unsigned applications will not be considered.

APPLICATION GUIDELINES

- Many of our scholarships are based on scholastic ability and/or financial need. To be considered for all scholarships, you MUST complete the financial data section.
ALL questions must be answered on the scholarship application or you will not be eligible for a scholarship.
ALL students must complete a 200 word narrative of your plans for college and the future.
One billfold size photo is requested. All photos are non-returnable.

The scholarship selection committees generally consider academic potential, financial need, service and availability of funds. Criteria, number and amount of awards vary by scholarship.

You will be notified, in writing, of any scholarships you have been awarded. If you do not send back the acceptance postcard by the deadline designated, you will forfeit the scholarship.

ACADEMIC \_\_\_\_\_ SERVICE \_\_\_\_\_
FINANCIAL \_\_\_\_\_ OTHER \_\_\_\_\_ TOTAL \_\_\_\_\_

FOR OFFICE USE ONLY

**PERSONAL DATA**

Applicant's Name: \_\_\_\_\_  
LAST FIRST MI SOCIAL SECURITY #

Permanent Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
NUMBER & STREET CITY ZIP

Applicant's address while attending school: \_\_\_\_\_  
NUMBER & STREET CITY ZIP

Email Address: \_\_\_\_\_ Marital Status:  Single  Divorced  Widowed  Married

Number of Dependent Siblings Living In Your Home: \_\_\_\_\_ List Ages: \_\_\_\_\_

Number of Your Dependent Children Living In Your Home: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  Male  Female U.S. Citizen:  Yes  No

**NOTE:** The following question is optional and used for statistical purposes only.

Race/Ethnic Group:  American Indian  Asian  Black  Caucasian  Hispanic  Other

Are you or have you ever been a resident of the Presbyterian Children's Home?  Yes  No

If so, what year(s)? \_\_\_\_\_ How did you hear about this application? \_\_\_\_\_

Are you related to anyone that has set up a scholarship fund with the Amarillo College Foundation?  No  Yes

If so, what is the name of the fund? \_\_\_\_\_

Are you related to any member of the AC Board of Regents or the Amarillo College Foundation Board of Directors?  
Please check the most appropriate answer below:

No  Yes (please list relationship) \_\_\_\_\_

Did you attend either:  Opportunity School  San Jacinto Elementary School? (please check appropriate box).

If so, what year(s)? \_\_\_\_\_

**EDUCATION**

High School Attended: \_\_\_\_\_ City: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Date Received GED: \_\_\_\_\_

Are you currently a high school senior?  Yes  No If yes, which high school? \_\_\_\_\_

College Attendance:

No prior college  Currently attending AC  Re-entering AC

College(s) Attended: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Honors/Awards (attachment optional): \_\_\_\_\_

Community Involvement/Extracurricular Achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**FAMILY FINANCIAL STATEMENT**

**THIS SECTION MUST BE FULLY COMPLETED.**

Please complete all of the following information since the scholarship selection committees will consider the family financial situation as an important element in determining awards. We need to know how you will support yourself while at school and what unmet financial support you need to complete the school year.

If you have been employed during the past year, complete the following:

Company/type of work (name of company must be included): \_\_\_\_\_

Hours per week: \_\_\_\_\_ Monthly salary: \$ \_\_\_\_\_ Hourly pay: \$ \_\_\_\_\_

Do you plan on being employed during the upcoming year?  Yes  No

How many hours per week: \_\_\_\_\_

Have you applied for Federal Financial Aid?  Yes  No If no, please see [www.fafsa.ed.gov](http://www.fafsa.ed.gov) or contact the **AC Financial Aid Office, 806-371-5310** (we highly recommend that all eligible students apply for financial aid).

**ALL APPLICANTS: COMPLETE EITHER SECTION A OR SECTION B**

**Section A DEPENDENT** If you are under 24 years old and not married.

- Number of people in household (include yourself, parents, siblings, etc.): \_\_\_\_\_
- Father/Stepfather: \_\_\_\_\_ Mother/Stepmother: \_\_\_\_\_  
CIRCLE ONE NAME CIRCLE ONE NAME
- Number in college: \_\_\_\_\_
- Parent's current marital status:  Single  Separated  Married  Divorced  Widowed
- Father's Annual Income: \_\_\_\_\_ FATHER'S OCCUPATION AND EMPLOYER: \_\_\_\_\_
- Mother's Annual Income: \_\_\_\_\_ MOTHER'S OCCUPATION AND EMPLOYER: \_\_\_\_\_
- Applicant's Annual Income: \_\_\_\_\_ APPLICANT'S OCCUPATION AND EMPLOYER: \_\_\_\_\_
- Are your parent's assisting with your college expenses:  Yes  No

**Section B INDEPENDENT** If you are 24 years or older, married, or support a child (more than 1/2 of their support).

- Number of people in household (include yourself, spouse, children, siblings, etc.): \_\_\_\_\_
- Specify who the other people are that live in your household other than yourself (i.e., Tommy-brother, Karen-stepsister).  
 \_\_\_\_\_
- Number in college: \_\_\_\_\_
- Applicant's Annual Income: \_\_\_\_\_ Applicant's Occupation: \_\_\_\_\_
- Spouse's Annual Income: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

**CERTIFICATION**

By my signature, I agree to the following:

- The information contained in this scholarship application is true and correct to the best of my knowledge.
- Authorize the AC Foundation Office to release my grades and pertinent information to the donor.
- Maintain satisfactory progress as defined by the Scholarship Criteria.
- If selected, I authorize the AC Foundation to use my name and/or photo in media releases or newsletters.
- ALL questions must be answered on the scholarship application or I will not be eligible for a scholarship.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE