



South Seattle Community College Foundation
Bachelor of Applied Science in Hospitality Management
Scholarship Application Process
Things to Know

Additional Information For Completing Your Application

- ◆ Fill out the application form as completely as possible! Please note that the information requested on the form will be shared with the scholarship committee. Be sure to indicate your program or intended field of study. Incomplete or illegible applications will not be considered. **Please use ink pen or type; do not use pencil.**

- ◆ **Your personal letter is critical to your application!** This one to two page statement is your opportunity to let the scholarship committee know what makes you unique, and why you deserve a scholarship. Tell the committee about your family and personal background, extracurricular activities, goals and dreams. Also mention unusual circumstances, your financial need, or describe any other struggles or hardships you've had, and how you've overcome these obstacles in your path.

- ◆ **Be sure to request two letters of recommendation early** – ideally, as soon as you decide to apply for a scholarship. (Both recommendation letters must be attached to the application at the time it is turned in.)

- ◆ **Everyone who applies will receive a letter of notification in the mail** within two weeks of the scholarship committee meeting. Recipients are to make themselves available to attend the Friends of the College Dinner on May 8, 2008. It is required that recipients send a thank you letter to the scholarship committee or the donor of the scholarship (please turn your letter in to the Development Office, RS 001, and we will forward it to the committee/donor).

- ◆ Failure of the student to remain in good academic standing or to make satisfactory progress toward a degree may result in withdrawal of the scholarship. Scholarships will automatically be applied to your student account after you have submitted the thank-you letter and scholarship agreement form. Scholarships will be applied in consecutive quarters.

Income

Please list the names of EVERYONE living in your household. You must list monthly income (amount **AFTER** deductions for taxes, social security, etc.). List each amount under the correct title and list **TOTAL MONTHLY INCOME** at bottom. Attach additional sheet if needed.

Name (Last, First)	Age	Relationship to Applicant	Monthly Earnings From Work (after taxes)	Monthly Welfare Payments / Child Support	Monthly Income: Other Sources (ie Pensions, Alimony)
1. _____	_____	Applicant	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

TOTAL MONTHLY HOUSEHOLD INCOME (Do *not* include Financial Aid money) _____

HOUSEHOLD SIZE: Children (under age 18) _____ Adults (18 and over-include self) _____ Total household size _____

Are you a resident of Section 8 housing? Yes No

Is English the primary language spoken in your home? Yes No

EXPENSES

List YOUR monthly expenses for each item (just what YOU pay). If you would like to provide an explanation for any extraordinary expense or if you need more space, attach an additional sheet. Do not list SSCC tuition or fees, but **do include school supplies**. **Failure to complete this section will disqualify you from any awards based on financial need.**

Item	Monthly Expenses or Average	Item	Monthly Expenses or Average	Item	Monthly Expenses or Average
Rent	_____	Utilities	_____	Childcare	_____
Food	_____	Telephone	_____	School Supplies	_____
Transportation	_____	Credit Card	_____	Loan payments	_____
Medical/Dental	_____	Insurance (all)	_____	Other (please list)	_____

TOTAL MONTHLY EXPENSES (Do *not* include tuition) _____

Financial Aid Information

Are you receiving financial aid through SSCC? Yes No *If Yes, check all that apply:*

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> SSCC Grant | <input type="checkbox"/> Pell Grant | <input type="checkbox"/> State Need Grant | <input type="checkbox"/> SEOG |
| <input type="checkbox"/> Tuition Waiver | <input type="checkbox"/> Work Study | <input type="checkbox"/> Dept. of Vocational Rehab. | <input type="checkbox"/> Veterans/Social Security |
| <input type="checkbox"/> SSCCF Scholarship | <input type="checkbox"/> Outside Scholarship | <input type="checkbox"/> Other (specify) _____ | |

Total financial aid award for current quarter \$ _____ Do you expect to continue to be eligible for aid? _____

If you have received a **SSCC Foundation Scholarship** in the past, how many quarters and when used? _____

Signature

By my signature below I certify that all of the information I have provided is true and correct and that all income and expenses are reported. I also give my consent to have my name, address, major, grades and other pertinent data shared with the SSCC Foundation scholarship selection committee, donors, or others as determined necessary by the SSCC Development Office or the SSCC Foundation Scholarship Committee. I release to South Seattle Community College and the SSCC Foundation the right to use my name, bio from my personal letter and photograph for publications, reports and press releases. I agree to write a letter of thanks to the donor within 30 days of receipt of any scholarship. I also agree to make myself available to attend the Friends of the College Dinner in May 2011. I have reviewed all of the information and agree to follow the requirements of the scholarship if awarded to me.

Signature of Applicant _____ Date _____