Bluegrass Community & Technical College
HIGHER EDUCATION BEGINS HERE

SCHOLARSHIP APPLICATION
2010-2011

To be considered for all scholarships, you must complete the entire application and attach all required documentation. Attach the following . . .

- Copy of your most recent academic / grade transcript (high school students attach high school transcript).
- One letter of recommendation.
- Each applicant must submit an original statement with this application. The statement should be at least one typed page in length on the following topic:
  Discuss the value and importance in your life of continuing your education and how it relates to your choosing Bluegrass Community & Technical College.

In addition, applicant must demonstrate financial need. Financial need is determined by completing the 2010-2011 Free Application for Federal Student Aid (FAFSA), this form is available online at *www.fafsa.ed.gov*. The U. S. Department of Education determines actual financial need.

PART I

Please check the item that is applicable to you:

___ Incoming Freshman – Fall 2010 ___ Currently Enrolled at BCTC ___ Transfer Student

___ BCTC Readmit ___ Transfer Student from a KCTCS school

Student Name: _____ **PeopleSoft ID/SSN**:_____

Address:

_____
Street

_____
City State Zip

Telephone: _____ **County**:_____

How many credit hours will you be taking? _____ Fall _____Spring

Have you completed the 2010-2011 FAFSA? ___ Yes ___ No **Intended/Declared Major**: _____

Anticipated Graduation Date: _____ **Did either of your parents attend college?** ___ Yes ___ No

High School Name:_____ **High School Graduation Year**:_____

2010 High School Graduates Only*:* This section must be completed by your high school counselor. An official high school transcript with ACT scores must be submitted with this application.

High School grade point average (GPA): _____ on 4.00 scale. Rank in Class: _____ of _____

ACT Composite Score: _____ SAT Score: _____

Counselor's
Signature:_____Date:_____

Are you a documented differently abled student, verified through the BCTC Disability Support Center?

___Yes ___No If YES, complete the box below.

BCTC Disability Support Center Certification: The BCTC Disability Support Center must complete this section.

___The above named student **has been** certified by our office as a differently abled student.

___The above named student **has not been** certified by our office as a differently abled student.

Support Center Signature: _____ Date: _____

PSID_____

PART II

Attach a separate page if more space is needed.

List your campus and community involvement including civic, social, religious and other:

_____

_____

_____

_____

_____

List community service involvement to benefit those in poverty:

_____

_____

_____

_____

_____

Describe your past personal and academic struggles:

_____

_____

_____

_____

_____

Are you a member of the BCTC Hispanic Student Organization? ___ Yes ___ No

Are you a dues paying member or are you the child of a dues-paying member of the BCTC Alumni Association? ___ Yes ___ No

Are you currently or have you in the past been in the Work Ethic Program at GRCHS?
___ Yes ___ No

Are you or are you the spouse or child, of an employee of PNC Bank? ___ Yes ___ No

Are you a member of the Clark County Farm Bureau? ___ Yes ___ No

Are you pursuing a baccalaureate degree? ___ Yes ___ No

If yes, what college/university are you planning to attend?_____

To be considered for some scholarships, you must complete the entire application including Part III.

PSID_____

PART III

Gender: ___ male ___ female **Citizenship**: ___ U.S. citizen ___ Eligible non-citizen

Race/Ethnicity: ___ African American/Black ___Caucasian/White ___Hispanic ___Other _____

Are you currently employed? ___ Yes ___ No If yes, where _____

If yes, are you full-time or part-time:_____

Current marital status: _____ single _____ married _____ separated _____ divorced

Are you a single parent? ___ Yes ___ No If yes, please indicate the number of your children in each age group _____ 0-6 _____ 7-12

Where did you hear about BCTC Scholarships? ___BCTC website ___KCTCS email ___Financial Aid Office _____BCTC Faculty/Staff _____ Other_____

PART IV

Student Release Information:
By signing below, I hereby verify that all the information provided on this application is accurate. I herby give my permission for the BCTC Scholarship Committee to review any available academic and financial aid records. I herby give my permission to forward information included in or attached to this application to any outside BCTC scholarship donor. If selected as a scholarship nominee, I hereby give my permission for BCTC and/or the Scholarship Committee to publicly announce my selection.

_____ _____
Signature Date

Remember to attach the following:

- Copy of your most recent academic / grade transcript (high school students attach high school transcript).
- One letter of recommendation.
- An original statement of at least one typed page in length on the following topic:
  Discuss the value and importance in your life of continuing your education and how it relates to your choosing Bluegrass Community & Technical College.

Incomplete applications or those applications submitted without the required attachments may be returned to the applicant.

Return application to: Bluegrass Community & Technical College
Financial Aid Office
121 Oswald Building / 470 Cooper Dr.
Lexington, KY 40506
859-246-6300 (phone) 859-246-4698 (fax)

BCTC us an equal opportunity institution