



# SPRING 2010 SCHOLARSHIP APPLICATION FORM

Scholarship Award Range: \$250 - \$1,000

Name: \_\_\_\_\_ Site: \_\_\_\_\_  
 Home address: \_\_\_\_\_ Advisor: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Number of credits earned at CCV: \_\_\_\_\_ Concentration: \_\_\_\_\_  
 Anticipated graduation year: \_\_\_\_\_  
 Previous scholarships you have received at CCV: \_\_\_\_\_

### Application requirements:

- you are enrolling at CCV for the spring 2010 semester
- you are a CCV degree student
- you have successfully completed at least 12 credits at CCV prior to the fall 2009 semester
- you have not previously received a CCV scholarship

### Application must be postmarked by November 6, 2009 and must include:

- a completed application form
- a short essay (minimum of one page) on the following: What circumstance or event most influenced your decision to enroll at CCV? What are your career and educational goals, and how will CCV help you obtain these goals?

*If you have NOT applied for 2009-10 Federal Financial Aid, please complete the following information:*

2008 adjusted gross income:  
(IRS Form 1040-line 37;  
1040A-line 21; 1040EZ-line 4)

You	Spouse	Parents (if you are under 24 and unmarried)

Number in household (**not** including yourself) \_\_\_\_\_

I certify that to the best of my knowledge, the above information is correct.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

### Permission to Use Name Release Form

As a recipient of a CCV scholarship, I understand that the Community College of Vermont may wish to publicly announce this award or use my name in future fundraising materials. I grant CCV permission to use my name in press release announcements or fundraising literature. I understand that my signing this form will in no way influence the awarding of the scholarship.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please send the completed application form with the essay to:  
Director of Financial Aid, Community College of Vermont, P.O. Box 489, Montpelier, VT 05601**