HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION, INC.

Comprehensive Scholarship Application

The Hillsborough Community College Foundation, Inc. is a private, not for profit, support organization which raises funds to provide scholarships to HCC students and to provide general college support. The Foundation scholarships are separate from HCC Institutional Scholarships. Foundation scholarship recipients are selected by a committee of HCC Counselors/Advisors or HCC Program representatives.

The HCC Foundation Comprehensive Scholarship Application will serve as the comprehensive application for all HCC Foundation scholarships. Only one application is required, even if you are asking to be considered for multiple scholarships. Please complete page 2 of this application and provide the additional documentation outlined below. Please understand that you may qualify for more than one scholarship, however, the HCC Foundation may award only one scholarship per person per academic year.

Funding for each scholarship is not always available. Most Foundation scholarships are based on financial need (you must complete the FAFSA) and all require satisfactory academic progress. A listing of scholarship opportunities and their criteria can be found at the counseling office of your campus or online at: http://www.hccfl.edu/dao/foundation/scholarships.aspx. This application is also available on the website.

OTHER DOCUMENTATION OR INFORMATION THAT MUST BE PROVIDED WITH APPLICATION:

1) Submit a cover letter or essay with your application (1 page or less)
This should address your personal and educational goals, why you are applying for a scholarship and any additional information that would be helpful to the selection committee, such as your current situation, personal or family background and extracurricular or community activities.

2) State the name and number of the scholarship(s) for which you wish to be considered and describe how you meet any scholarship-specific criteria and provide any required documentation, if specified in the criteria.

3) HCC transcript. Unofficial transcripts are acceptable

4) FASI and AIDE screen prints. You must apply for financial aid (complete the FAFSA) to be considered for scholarships requiring financial need. Visit the financial aid office to get these screen prints.

5) Letters of recommendation (2) will be considered, but are not mandatory unless required for a specific scholarship for which you wish to be considered. If you choose to include letters of recommendation, one should be from a teacher/professor and one from an adult who knows you well (not a relative).

Note: Students who seek assistance due to financial need must pursue federal and state aid for which they qualify and HCC Institutional scholarships. Visit the financial aid website at http://www.hccfl.edu/ssem/financialaid.aspx to determine your eligibility for financial aid or contact the financial aid office at your campus for assistance.

Deadline for Application Materials to be received by your campus Scholarship Coordinator is:

March 15 for the following academic year;
October 15 for Spring scholarships that may be available
(If deadline falls on a non-class day; deadline is the 1st class day following the deadline)

Brandon Coordinator – Judy Alicea, BSSB 111
Dale Mabry Coordinator – Elizabeth Key-Raimer, SSB 204
Plant City Coordinator – James Young, PSTU 110
MacDill Coordinator – James Young, MacDill
Ybor Coordinator – Frances Cox, YLRC 106
SouthShore (SunPoint) Coordinator – Fauna Keppen, SMPF 135
HILLSBOROUGH COMMUNITY COLLEGE FOUNDATION, INC.

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This form and supporting application materials (see page 1) must be received by your campus Scholarship coordinator or counselor by the deadline. Incomplete applications will not be considered.

Please print clearly or type.

NAME_________________________________________________________________________________________

Last                                                     First                                                          M.I.

HCC Student ID# __________________       Date of Birth __________________

CURRENT ADDRESS_____________________________________________________________________________

Street, Apt. #                          Telephone (______)_____________________

City                       State                   Zip Code

E-Mail  _____________________________

Do you consider yourself to be Hispanic/Latino?  ___Yes; ___No

GENDER:    __ Male     __ Female

RACE (select one or more races):

__ American Indian or Alaska Native
__ Asian
__ Black or African American
__ Native Hawaiian or Pacific Islander
__ White

HIGH SCHOOL ATTENDED ______________________________________  CITY, STATE __________________________

GRADUATION DATE _________________

HAVE YOU OBTAINED AN ASSOCIATE OR HIGHER DEGREE?  __ YES     __ NO

IF YES, DESCRIBE: ____________________________________________________________________________

EDUCATIONAL INFORMATION RELATIVE TO HCC:

INTENDED PROGRAM OF STUDY ____________________________________   ENROLLMENT STATUS:   __ FT  __ PT

(If scholarship requires program admission, attach acceptance letter or verification/recommendation from program director)

ESTIMATED GRADUATION DATE _________________                Circle one:      AA       AS       AAS

CREDIT HOURS COMPLETED AT HCC _________________   GPA _______________

CREDIT HOURS CURRENTLY UNDERWAY AT HCC: _________________

CR HRS TRANSFERRED FROM ANOTHER INSTITUTION(S) __________   GPA ________________

INSTITUTION NAME(S) & LOCATION:

__________________________________________________________________________________________

LIST OTHER FINANCIAL ASSISTANCE/SCHOLARSHIPS RECEIVED: __________________________________________

____________________________________________________________________________________________________

ADDITIONAL INSTRUCTIONS: This application is not considered complete unless accompanied by the documentation and information requested on the cover page.

I certify that I have read and understand the conditions for participation in this program. The information I am supplying in this application is true, complete, and correct. I authorize the Hillsborough Community College Foundation to validate any information provided, including, but not limited to financial aid data.

____________________________________________________                         _________________________
(Signature)                                                                        (Date)

Program of study recommendation [complete this section only if indicated in scholarship criteria]

I recommend this student for consideration for a scholarship in my program and verify that (s)he is in good standing in the program:

Program: _____________________________________________________________________________

Name: _______________________________  Signature: ______________________________  Position: _________________________

Date: ____________________

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