



# Scholarship Application

## Credit and Credit-Free Courses

## What Do I Need to Do?

### Meet Eligibility Requirements

MCC students must meet the following criteria to apply for a MCC Foundation Project Longevity Scholarship:

1. Enrolled with a minimum of:
  - six credits for credit courses, or
  - two or more credit-free courses, or
  - any credit-free certificate program.
2. Registered for Spring 2019 courses before December 31, 2018.
3. Involved in community service/volunteer activity.
4. Live in the greater Hartford region in one of the following towns:

Bloomfield	Bristol	East Hartford
Hartford	Manchester	Meriden
Middletown	New Britain	Newington
West Hartford	Windsor	
5. If selected for a scholarship, students will be required to write a thank you letter to the donor and a letter of commitment to their family or community.

### Complete the Scholarship Application

Incomplete applications will not be considered. Make sure to:

1. Complete all parts of the application.
2. Include essay (one page, typed, double spaced) describing your community service/volunteer activity.
3. Date and sign Certification and Consent section of application.

### Submit Completed Scholarship Application by December 14, 2018

You may drop off your application package in person to Institutional Advancement, Student Services Center, L231, or mail to MCC Foundation Scholarships, MS #6, Great Path, P.O. Box 1046, Manchester, CT 06045-1046.

Late applications will not be considered.

## QUESTIONS:

Call Institutional Advancement at 860-512-2905  
or email [scholarships@manchestercc.edu](mailto:scholarships@manchestercc.edu)



# Spring 2019 Project Longevity Scholarship Application Credit and Credit-Free Courses

Complete this application and attach your essay and return to Institutional Advancement, Student Services Center, L231, or mail to MCC Foundation Scholarships, MS #6, Great Path, P.O. Box 1046, Manchester, CT 06045-1046. Late or incomplete applications will not be considered.

## APPLICANT INFORMATION

Legal First Name		MI	Legal Last Name			
Email		Banner ID Number		Date of Birth <small>(MM)   (DD)   (Year)</small>		Gender <input type="checkbox"/> M <input type="checkbox"/> F
<b>Mailing Address</b>	Number and Street		Apt. #	City		State   Zip
<b>Permanent Address</b>	Number and Street		Apt. #	City		State   Zip
<b>Phone Numbers</b>	Cell Phone		Home Phone		Work Phone	
Family educational background: Check the category that applies to your parent(s) or guardian(s): <input type="checkbox"/> Neither attended college <input type="checkbox"/> One or both attended college but did not earn a degree <input type="checkbox"/> One or both earned an associate degree <input type="checkbox"/> One or both earned a bachelor's degree or higher						
How did you hear about our scholarship program? <input type="checkbox"/> MCC Representative <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (please explain) _____						

## ACADEMIC INFORMATION

Please name the credit degree or credit certificate program you are enrolled in at MCC for Spring 2019.

Credit Degree Program	Date Enrolled at MCC	Graduation Date
Credit Certificate Program	Date Enrolled at MCC	Graduation Date
I am registered for Spring 2019 as a <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student	Number of credits hours	Tuition Cost

Please name the credit-free courses or credit-free certificate program you are enrolled in at MCC for Spring 2019.

Credit-Free Course	Start Date	End Date	Tuition Cost
Credit-Free Course	Start Date	End Date	Tuition Cost
Credit-Free Course	Start Date	End Date	Tuition Cost
Credit-Free Certificate Program	Start Date	End Date	Tuition Cost

# FOR OFFICE USE ONLY

Received Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_

Entered By \_\_\_\_\_

## COMMUNITY SERVICE/VOLUNTEER ACTIVITY

Please describe your community service/volunteer activities in the space below or on an attached typed, double-spaced document.

## CERTIFICATION AND CONSENT

### **Certification**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to submit proof of information that is given on this form. I understand that falsification of information may result in termination of the scholarship granted and that this application and attached materials become the property of MCC Foundation. I consent to being contacted by MCC Foundation about any questions regarding this application and for notification purposes regarding a possible funding award. I also give permission for the MCC Foundation to contact MCC representatives regarding questions about information included with this application.

### **Consent for Release of Scholarship Information**

Manchester Community College Foundation scholarships are made possible through the contributions of various individuals and organizations. These donors appreciate learning more about the students who directly benefit from their scholarship funds. By allowing the college to provide recipient information to our donors, you are helping to strengthen their connections to MCC. We also like to share scholarship recipient information with the offices and organizations that work so very hard to raise scholarship funds for MCC students. Your cooperation with the efforts of MCC's Marketing and Public Relations Department, Alumni Association, Institutional Advancement and MCC Foundation will help to increase the funds available to assist current and future students with their education.

The Family Education Rights and Privacy Act (FERPA)(20 U.S.C. § 123g; 34CFR Part 99) is a Federal law that protects the privacy and confidentiality of student education records. In order for the college to release your information, we must have written permission from you.

We authorize MCC to release student information to donors and other individuals responsible for funding scholarship(s). We also authorize MCC to release student information and photo for publicity releases and other promotional and/or marketing materials related to MCC.

Applicant Signature	Applicant Printed Name	Date
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