

# Scholarships\*

## 2012 Student Scholarship Application Packet

Application Due Date  
Friday, February 10, 2012

Return completed forms to  
The Financial Aid Office



5100 Black Horse Pike  
Mays Landing, NJ 08330-2699  
[www.atlantic.edu](http://www.atlantic.edu)

**\*MERIT- AND/OR NEED-BASED SCHOLARSHIPS  
AVAILABLE**



2012 Scholarship Application Package  
for Continuing Atlantic Cape Students and Transferring Atlantic Cape Students  
with an Atlantic Cape Community College GPA of 2.5 or better.  
**Filing Deadline: February 10, 2012**

If you are chosen to receive a scholarship, your attendance is expected at our **Scholarship Awards Ceremony**, which will be held on **Monday, May 14, 2012**. Exceptions will be made for extenuating circumstances only.

**Please read this application package carefully.** Your application cannot be considered unless all forms are completed and returned to the Financial Aid Office by the filing deadline above. All faculty recommendations must be submitted directly to the Financial Aid Office by the faculty member.

Scholarship recipients will be selected and notified in April 2012. You will receive a letter from the scholarship committee whether or not you have been awarded a scholarship. Scholarship monies will be credited to each recipient's account to be used to offset educational expenses beginning Fall 2012.

A complete application package contains the following:

- |  |                          |
|--|--------------------------|
| I. Applicant data and release form                           | <input type="checkbox"/> |
| II. Applicant financial information (optional)*              | <input type="checkbox"/> |
| III. Recommendation agreement form                           | <input type="checkbox"/> |
| IV. Essay  | <input type="checkbox"/> |
| V. Recommendations ( <i>Must be Submitted by Professor</i> ) | <input type="checkbox"/> |

- \* **You are not required to complete the applicant financial information. If financial information is not provided, however, you WILL NOT be considered for any scholarship that lists financial need as a criterion. You WILL be considered for scholarships that are merit-based.**

Your essay should be at least 250 words, typed, and double-spaced, describing your personal and professional goals, and how a scholarship will assist you in achieving these goals.

Please ask two or more faculty members for a recommendation. Please be sure they are aware of the filing deadline and allow them adequate time to complete the recommendation. Make sure you have each faculty member sign the area on your application marked **Recommendation Agreement Form** to indicate their willingness to recommend you for a scholarship. The **Recommendation Agreement Form** is to be submitted with your completed Scholarship Application.

All scholarships and award monies are distributed to eligible applicants without regard to their race, religion, disability, or national origin.

# I. Atlantic Cape Community College 2012 Scholarship Applicant Data & Release Form

**Please read carefully. Incomplete applications will not be processed.** Scholarship applicants will be considered for all scholarships for which they qualify. There are two categories of scholarships: one for students who will continue their studies at ATLANTIC CAPE in Fall 2012, and one for students who will transfer from ATLANTIC CAPE to another college in Fall 2012. Applicants must indicate to which category they are applying. Any recipient who changes his/her plans, and cannot use the award in its intended category, will forfeit his/her scholarship.

**Are you a veteran of the U.S. Armed Forces?**

Yes  No

**\*If yes, do you have an eligible discharge?**

Yes  No

Choose only one (see above):

- In the Fall of 2012, I will be a **continuing** student at Atlantic Cape Community College.
- In the Fall of 2012, I will be **transferring** to another college.

If you are transferring, what college are you considering? \_\_\_\_\_

Last Name (CWID)	First Name	MI	ATLANTIC CAPE College wide ID #
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Address	City	State	Zip
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Phone	County of Residence	Age	High School
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Expected Graduation Date	Sex	Major (Discipline of Study) * for Nursing, must be enrolled in Nursing 110 or higher
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Please list all honors achieved, offices held, club memberships, professional affiliations, or special recognitions received: \_\_\_\_\_

I hereby authorize the Scholarship Committee of Atlantic Cape Community College and its representatives to review my academic records. I also authorize the release of pertinent data to donors and benefactors solely for the purpose of consideration for a scholarship. I authorize Atlantic Cape Community College to publish my name and the name of any scholarships I receive.

**Any misrepresentation will result in a forfeiture of any scholarship that is granted.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*If you are chosen to receive a scholarship, your attendance is expected at our **Scholarship Awards Ceremony**, which will be held on **Monday, May 14, 2012**. Exceptions will be made for extenuating circumstances only.

## II. Atlantic Cape Community College 2012 Scholarship Applicant Financial Information

**Please read carefully. Incomplete applications will not be processed.** If you applied for financial aid for the 2011-2012 school year at Atlantic Cape, you do **not** need to complete this sheet, as we already have your information on file. If you have not applied for financial aid for the 2011-2012 academic year and wish to be considered for need-based scholarships, you must complete this sheet.

**Choose only one (see above):**

- I have applied for financial aid for 2011-2012. My information is on file in the Financial Aid Office.
- I have not applied for financial aid, but wish to be considered for scholarships that are not need-based.
- I have not applied for financial aid, but would like to be considered for scholarships that are need-based.

I have completed all necessary **2010** information below

Student's Name \_\_\_\_\_ CWID# \_\_\_\_\_ DOB \_\_\_\_\_

- Were you born before January 1, 1988?  Yes  No
- Will you be working on a degree beyond a bachelor's degree in 2011-2012?  Yes  No
- As of today, are you married? (Answer yes if you are separated.)  Yes  No
- Are you an orphan or ward of the court or were you until age 18?  Yes  No
- Are you a veteran of the U.S. Armed Forces?  Yes  No
- Answer "Yes" if:
- (1) You have children who receive more than half of their support from you: **OR**
- (2) You have dependents (other than your children or spouse) who live with you and will receive more than half of their support from you, now and through June 30, 2012.  Yes  No

If you answered YES to any of the above questions, complete only the column under "Student's Info" below.  
If you answered NO to every question, complete the "Student's Info" column **and** the "Parent's Info" column below.

2010 Information	Student's Info	Parent's Info
Marital Status		
Family Size		
Number of family members in college 2011-2012		
Number of exemptions claimed on tax return		
Adjusted Gross Income (AGI) 2010		
US Tax Paid (2010)		
Father's / Student's Income (2010)		
Mother's / Spouse's Income (2010)		
Social Security benefits (2010)		
Welfare benefits (2010)		
Child support received (2010)		
Other untaxed income (2010)		
Cash/Savings/Checking		
Other real estate/equity* (don't include home)		
Other investments / equity*		

\*NOTE: Equity = Market Value – Mortgage and any debt secured by the asset.  
The Financial Aid office may request additional information and supporting documents in order to determine financial need.

III.

Atlantic Cape Community College  
2012 Recommendation Agreement Form

Filing Deadline: February 10, 2012

Please read carefully. Incomplete applications will not be processed.

Please have the faculty members who have agreed to recommend you for a scholarship sign below. We will not accept any recommendations from faculty members who have not signed this form.

Student's Name \_\_\_\_\_ CWID# \_\_\_\_\_

The faculty recommendation agreement below must be completed by each faculty member who has agreed to recommend you. Two (2) recommendations are required.

Please give each recommending faculty member a copy of the 2012 Scholarship Recommendation Form (attached).

\*\*\*\*\*

I, \_\_\_\_\_ agree to submit a scholarship recommendation for \_\_\_\_\_ to the Financial Aid Office before the deadline, **and I understand that this student will not be considered for a scholarship unless this recommendation is submitted.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

\*\*\*\*\*

I, \_\_\_\_\_ agree to submit a scholarship recommendation for \_\_\_\_\_ to the Financial Aid Office before the deadline, **and I understand that this student will not be considered for a scholarship unless this recommendation is submitted.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

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## **IV.**

# **Atlantic Cape Community College Spring 2012 Scholarship Essay Form**

### Essay Instructions:

- The essay should be at between 250 and 800 words, typed, and double-spaced, describing your personal and professional goals and how a scholarship will assist you in achieving these goals.
- Attach sections I, II and III to the front of your essay and submit to the Financial Aid Office no later than 4pm on Friday February 10, 2012.
- For information and help completing your application and essay, please visit, [www.scholarshiphelp.org/](http://www.scholarshiphelp.org/)

**V. Atlantic Cape Community College 2012 Scholarship Recommendation Form**

*\*This form must be submitted by the professor to Financial Aid*

**To the Applicant:\***

**Please enter your name:** \_\_\_\_\_  
Last name
First name
MI
CWID#

**\*By submitting this Confidential Evaluation, I waive the right to review this form after it has been completed.**

\*\*\*\*\*

**Evaluator's name (Please print):** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_ **Phone #/Ext.:** \_\_\_\_\_

**Ratings:** Compared to the other students to whom you have taught this class, how do you rate this student in terms of:

	Excellent (top 10%)	Very Good (well above average)	Good (above average)	Average	Below average	Not Applicable
Academic achievement						
Intellectual promise						
Attendance						
Quality of writing						
Creative thought						
Critical Thinking						
Productive class discussion						
Respectfulness						
Disciplined work habits						
Maturity						
Motivation						
Leadership						
Integrity						
Concern for others						
Self confidence						
Overall						

**Comments:** \_\_\_\_\_

**Please provide us with an overall rating by checking the appropriate option:**

**Strongly recommend     Recommend     Recommend with reservations     Do not recommend**

As an instructor or employer of the student, your evaluation will greatly assist the scholarship committee in its consideration. Please return the completed form to the Financial Aid Office by February 10, 2012. To protect confidentiality, please send directly to the Financial Aid Office through inter-office mail, or mail to ATLANTIC CAPE, 5100 Black Horse Pike, Mays Landing, NJ 08330 ATTN: Financial Aid Scholarships. You may also electronically submit your recommendation to Lauren Laughlin, llaughli@atlantic.edu. Additionally, faculty members should sign the Recommendation Agreement Form, which is located on the student's application. If you do not wish to recommend a student, please return this form to the student as he/she needs at least two (2) recommendations in order to complete the application requirements. **Since this recommendation will be duplicated, please use one side of page only. Attach another page if necessary.**

**\*\*\*Your recommendation must be received by the Financial Aid Office by February 10, 2012 or this student's application will not be complete, and this student will not be considered for any scholarship.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**V. Atlantic Cape Community College 2012 Scholarship Recommendation Form**

*\* This form must be submitted by the professor to Financial Aid*

**To the Applicant:\***

Please enter your name: \_\_\_\_\_  
Last name
First name
MI
CWID#

**\*By submitting this Confidential Evaluation, I waive the right to review this form after it has been completed.**

\*\*\*\*\*  
**Evaluator's name (Please print):** \_\_\_\_\_

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**Ratings:** Compared to the other students to whom you have taught this class, how do you rate this student in terms of:

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Intellectual promise						
Attendance						
Quality of writing						
Creative thought						
Critical Thinking						
Productive class discussion						
Respectfulness						
Disciplined work habits						
Maturity						
Motivation						
Leadership						
Integrity						
Concern for others						
Self confidence						
Overall						

**Comments:** \_\_\_\_\_

**Please provide us with an overall rating by checking the appropriate option:**

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**\*\*\*Your recommendation must be received by the Financial Aid Office by February 10, 2012 or this student's application will not be complete, and this student will not be considered for any scholarship.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

