

# Scholarships\*

## 2010 Student Scholarship Application Packet

Application Due Date  
Friday, February 12, 2010

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**



**2010 Scholarship Application Package  
for Continuing ACCC Students and Transferring ACCC Students  
with an Atlantic Cape Community College GPA of 2.5 or better.  
Filing Deadline: February 12, 2010**

If you are chosen to receive a scholarship, your attendance is expected at our **Scholarship Awards Ceremony**, which will be held on **Monday, May 17, 2010**. 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 2010. 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 2010.

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. Recommendations                             | <input type="checkbox"/> |
| V. Essay  | <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

## 2010 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 ACCC in Fall 2010, and one for students who will transfer from ACCC to another college in Fall 2010. 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.

Choose only one (see above):

- In the Fall of 2010, I will be a **continuing** student at Atlantic Cape Community College.
- In the Fall of 2010, I will be **transferring** to another college.

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

Last Name	First Name	MI	ACCC College wide ID # (CWID)
Address	City	State	Zip
Phone	County of Residence	Age	High School
Expected Graduation Date	Sex	Major (Discipline of Study) * for Nursing, must be enrolled in Nursing 110 or higher	

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 also authorize the release of 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 17, 2010**. Exceptions will be made for extenuating circumstances only.

## II. Atlantic Cape Community College 2010 Scholarship Applicant Financial Information

**Please read carefully. Incomplete applications will not be processed.**

If you applied for financial aid for the **2009-2010** school year at ACCC, 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 2009-2010 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 2009-2010. 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 **2008** information below

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

- Were you born before January 1, 1986?  Yes  No
- Will you be working on a degree beyond a bachelor's degree in 2009-2010?  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, 2010.  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.

2008 Information	Student's Info	Parent's Info
Marital Status		
Family Size		
Number of family members in college 2009-2010		
Number of exemptions claimed on tax return		
Adjusted Gross Income (AGI) 2008		
US Tax Paid (2008)		
Father's / Student's Income (2008)		
Mother's / Spouse's Income (2008)		
Social Security benefits (2008)		
Welfare benefits (2008)		
Child support received (2008)		
Other untaxed income (2008)		
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  
2010 Recommendation Agreement Form

Filing Deadline: February 12, 2010

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 2010 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 2010 Scholarship Recommendation Form**

**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 12, 2010. To protect confidentiality, please send directly to the Financial Aid Office through inter-office mail, or mail to ACCC, 5100 Black Horse Pike, Mays Landing, NJ 08330 ATTN: Financial Aid Scholarships. 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 12, 2010 or this student's application will not be complete, and this student will not be considered for any scholarship.**

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

**IV. Atlantic Cape Community College 2010 Scholarship Recommendation Form**

**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.**

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**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:

	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 12, 2010. To protect confidentiality, please send directly to the Financial Aid Office through inter-office mail, or mail to ACCC, 5100 Black Horse Pike, Mays Landing, NJ 08330 ATTN: Financial Aid Scholarships. 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 12, 2010 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  
Spring 2010 Scholarship Essay Form

Essay Instructions:

The 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.