



Middlesex Community College Foundation, Inc. Scholarship Application for 2017-2018 Academic Year

Student Contact Information

Banner ID @ _____
(for returning students)

Name _____
Last First Middle Initial

Address _____
Street Apt #
City/Town State Zip

Contact _____
Home Phone Cell Phone Email Address

Criteria Information

These questions are intended to help the Scholarship Selection Committee match you with as many scholarships as possible.

Are you over 25 years of age? ☐ Yes ☐ No What is your gender? ☐ Male ☐ Female

Program of Study: _____

Career track or goal: _____

High school graduation: _____
Year Name of High School City/State

Student Status

☐ New Student (first time attending MxCC will be fall 2017)

I will attend MxCC in the fall 2017 semester:

- ☐ Full-time (12 or more credits)
- ☐ $\frac{3}{4}$ time (9 – 11 credits)
- ☐ Part-time (6 - 8 credits)

Honors, Awards, and Recognition

(If more writing space is needed, please attach a word document to this application.)

List academic honors/awards/recognition earned in high school, at MxCC, or any other higher education institution:

List extracurricular and community service activities in high school, at MxCC or any other higher education institution:

Through submission of this application, I certify that all information provided is true and accurate to the best of my knowledge. I grant permission to Middlesex Community College, Middlesex Community College Foundation, Inc., and the MxCC Foundation Scholarship Selection Committee to review my transcript(s) and use the information provided in this application for review, recruitment, and public recognition. I agree that the application and all related materials become the property of the MxCC Foundation upon submission. If awarded a scholarship, I release to the College, the Foundation, and the Scholarship Donor, the right to use my name and photograph for publications, reports, and news releases.

By signing this application, I agree that, if I am selected to receive a scholarship, I will complete a thank you card/note to the donor of my scholarship. I will deliver the thank you card/note to the MxCC Foundation mail slot, Founders Hall mailroom.

Signature of Scholarship Applicant

Date

Important Note:

Scholarship funds will be returned to the MxCC Foundation, Inc. if an entering or returning scholarship recipient withdraws from MxCC, or enrolls in less than the required number of credits according to donor intent for the fall 2017 academic semester.



Middlesex Community College Foundation, Inc.
Scholarship Recommendation Form 2017-2018 Academic Year
Due May 31, 2017 for Entering High School Graduates

Name of Applicant: _____

I have known the applicant for (period of time): _____

I know this student as a (i.e. student, employee, volunteer, etc.): _____

Please rate the following characteristics of this applicant:

| | | | | | |
|-----------------------|--------------------------------------|---|----------------------------------|--|---|
| Academic Performance: | <input type="checkbox"/> Outstanding | <input type="checkbox"/> More than satisfactory | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Not applicable |
| Character/Attitude: | <input type="checkbox"/> Outstanding | <input type="checkbox"/> More than satisfactory | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Not applicable |
| Motivation: | <input type="checkbox"/> Outstanding | <input type="checkbox"/> More than satisfactory | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Not applicable |
| Leadership Qualities: | <input type="checkbox"/> Outstanding | <input type="checkbox"/> More than satisfactory | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Not applicable |
| Community Service: | <input type="checkbox"/> Outstanding | <input type="checkbox"/> More than satisfactory | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Not applicable |

Please provide any information or support that you feel would assist the applicant in being selected as a recipient of a MxCC scholarship (a letter of support may also be attached to this form):

[illegible]

Print Name: _____ Title: _____

Signature: _____ Date: _____