



THE FOUNDATION OF WAYNE COMMUNITY COLLEGE

COLLEGE STUDENT SCHOLARSHIP APPLICATION

ACADEMIC SEMESTER _____

Scholarship Application Period:
Month of April for Fall Semester and month of October for Spring Semester.
You must apply each semester.

Applications must be filled out COMPLETELY.* Applicants should first apply for Financial Aid.

Name _____

Mailing Address _____
Street City State Zip Code

Phone Number _____ E-mail Address _____
Home Mobile

Social Security Number _____ - _____ - _____ Date of Birth _____
MM/DD/YYYY

Place of Employment/Job Description _____

High School Attended _____ Graduation Date _____ GPA _____

WCC Program of Study _____ GPA _____
(If you are a newly enrolled student, please provide us with the most current grade information from this semester.)

Number of Anticipated Credit Hours for this Semester _____

Other Colleges Attended _____ GPA _____

Are you a Veteran receiving VA Education Benefits? Yes No Are you married? Yes No

Do you receive any aid through Pell/State Grant? Yes No

Applicant's Signature _____ Date _____

***Any application with blank information (GPA, anticipated credit hours, major/program of study, etc.) will not be viewed by the scholarship committee.**

Please include with this application:

- **One letter of recommendation from a faculty member.**
- **Information on any special circumstance that you feel the selection committee should know.**

Submit this information along with application to the address below or drop it off at the Foundation Office in Dogwood 102, 103 or 104.

	WAYNE COMMUNITY COLLEGE FOUNDATION	FOR FOUNDATION USE ONLY
PO Box 8002 Goldsboro, NC 27533-8002 www.waynecc.edu/foundation/scholarships	Date Received _____	Name of Scholarship _____
	Amount of Scholarship _____	Thank you to _____

