



# THE FOUNDATION OF WAYNE COMMUNITY COLLEGE

## HIGH SCHOOL/HOME SCHOOL SCHOLARSHIP APPLICATION FALL 2018 SEMESTER

**Scholarship Application Period: Month of March for Fall Semester.**  
**ALL applications must be filled out COMPLETELY. Incomplete applications will not be considered. Applicants should first apply for Financial Aid.**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_  
Home Work Mobile

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MM/DD/YYYY

Place of Employment/Job Description \_\_\_\_\_

High School Attended \_\_\_\_\_ GPA (Weighted) \_\_\_\_\_

High School Graduation Date \_\_\_\_\_

WCC Program in which you plan to Study \_\_\_\_\_

Number of Anticipated Credit Hours for Fall Semester \_\_\_\_\_

Have you attended WCC? \_\_\_\_\_ WCC GPA \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please include with this application:

- **One letter of recommendation from a high school teacher AND provide a paragraph stating your career goals (See other side of application.)**
- **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.

	<b>WAYNE</b> COMMUNITY COLLEGE FOUNDATION	<b>FOR FOUNDATION USE ONLY</b>
<b>PO Box 8002</b> <b>Goldsboro, NC 27533-8002</b> <b><a href="http://www.waynec.edu/foundation/scholarships">www.waynec.edu/foundation/scholarships</a></b>		Date Received _____ Name of Scholarship _____ Amount of Scholarship _____ Thank you to _____

