STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GREENE COUNTY COLLEGE SUCCESS PARTNERSHIP

DR. NORMAN LINTON SCHOLARSHIP APPLICATION **2019**

All applications will be forwarded to

GREENE COUNTY COMMUNITY FOUNDATION GREENE GIVING

For review and winner selection

Requirements for scholarship:

1. Graduate from Greeneview High School
2. Applicants may be requested to meet with a Greene County College Success Partnership (GCCSP) advisor.
3. Students shall be considered for the scholarship only after they have demonstrated, to the satisfaction of GCCSP, that they have applied for all other sources of financial aid by the priority deadlines.
4. File the Free Application for Federal Student Aid (FAFSA) (note: under extreme circumstances students who cannot file the FAFSA may be considered)
5. Have a cumulative grade point average equal to or greater than 2.0, unless stated otherwise
6. Demonstrated financial unmet need for attending college or university as determined by Federal guidelines
7. Obtain recommendation letter from at least one teacher
8. Students must be accepted at an accredited post-secondary school and must plan to attend at least half time during the academic year to be eligible to receive a scholarship.

Guidelines for all scholarships:

1. Students who fail to complete a term in which they received scholarships,

without prior written approval from GCCSP, shall pay back such scholarships to the Greene County Community Foundation Greene Giving)

1. Receipt of scholarship for any term or year does not guarantee receipt of

Of scholarship in any additional term or year

3. All decisions of GCCSP with respect to the scholarship are final and not

subject to additional review or appeal.

4. Scholarship monies are to be used for the upcoming academic year or they will be

forfeited

5. Students will be expected to maintain Satisfactory Academic Progress, as determined by

their school, while receiving any GCCSP Scholarship

 6. For income verification purposes, scholarship finalists may be asked to submit signed

copies of the prior years tax forms (parents and students)

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DR. NORMAN LINTON SCHOLARSHIP

STUDENT/GUARDIAN CONSENT FORM

TO: WHOM IT MAY CONCERN

RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Birth Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address Phone No.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, Zip Code

As a condition of my participation with the GCCSP program, I hereby authorize my college/university/postsecondary training program to release to GCCSP any and all information relating to my financial aid, grades, class standing, transfer records, or any other relevant information, which GCCSP may request.

This authorization shall be valid for a period of six years from my high school graduation date.

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (STUDENT)

DATE SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If student is under 18 years of age:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (PARENT/GUARDIAN)

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DR. NORMAN LINTON SCHOLARSHIP MISSING

INFORMATION LETTER

Dear applicant:

You have applied for the Dr. Norman Linton Scholarship for the 2018-2019 Academic year. For us to continue to process you application, you must submit the requested document(s). These will be forwarded to Mr. Jim Mescher at Greene Giving

☐ A copy of all pages of your 2018-2019 Student Aid Report (SAR)

 If you did not keep a copy of all pages, login to the FAFSA website and print it.

☐ A copy of your 2018-2019 Financial Aid Award letter from your college. If

need a copy, you may contact the financial aid office at your institution for a

duplicate.

☐ A copy of your transcript which must include your cumulative GPA

☐ College you will be attending in the 2019-2020 Academic Year.

STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF INSTITUTION YOU WILL ATTEND: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Term(s) you will enroll at institution: (Note – Full time is generally 12 credit hours)

Fall 2019 \_\_\_\_\_\_\_\_\_ Full time \_\_\_\_\_\_\_\_\_\_ Part time: #Hours have/will enroll: \_\_\_\_\_\_\_\_\_

Winter 2020 \_\_\_\_\_\_\_Full time \_\_\_\_\_\_\_\_\_\_ Part time: #Hours have/will enroll: \_\_\_\_\_\_\_\_\_

Spring 2020 \_\_\_\_\_\_\_Full time \_\_\_\_\_\_\_\_\_\_ Part time: #Hours have/will enroll: \_\_\_\_\_\_\_\_

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

\*Please remember to contact us immediately with updated information any time you have a change in your address, phone number, enrollment status, or if you change institutions. –F7 Missing Info L

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Dr. Norman Linton Scholarship Application

PERSONAL INFORMATION: (Please type or print)

 Last Name First MI

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address City

 State Zip Code Birth Date

 Greeneview High School

 Telephone

SCHOOL/COLLEGE INFORMATION:

Name of school you will attend in the 2019-2020 academic year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School address State Zip

Will attend: ☐Full Time ☐Half Time Expected date of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing plans: ☐At home ☐On Campus ☐Own apartment ☐Other

Approximate cost of attendance per year (Include tuition, fees, room/board, books): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you planning to work while attending college ☐ Yes ☐ No

PARENTAL INFORMATION: Provide information about the parent(s) you live with.

Name of Parent(s) Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number in household attending college in 2019-2020: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of parent(s) attending college in 2019-2020: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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STUDENT ACTIVITIES RECORD

ACTIVITIES RECORD – Please list all of the activities you have been involved in during high school. Include everything in and out of school. Make not of leadership and community/volunteer service involvement along with a brief description. You may use additional sheets if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity/Leadership/Community Service | Grades9 10 11 12 | Hours per week | Weeks per year | Description |
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Have you been employed during high school (including summer)?

|  |  |  |  |
| --- | --- | --- | --- |
| Where? | Type of Work | Dates(month/yr.) | Hours per Week |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

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List any scholarships/grants that you have applied for and the amounts, if known that you will receive during the 2019-2020 academic year from organizations other than your school/college:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will this scholarship help you achieve your educational goal?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any special circumstances that you feel our college access program should know in considering you for this grant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE READ, SIGN AND DATE:

GCCSP may use, transmit, or receive information from this application, my Student Aid Report (SAR), my school aid notification, and my high school transcript to determine my eligibility for the Dr. Norman Linton Scholarship.

The guidelines for the scholarship are attached to this application. By signing this application, the undersigned hereby acknowledge receipt of the guidelines and agrees to abide by such. The undersigned also agrees to waive all personal claims, causes of action or damages against the GCCSP program, its Advisory Board, officers, employees and associated thereof, arising from or growing out of their participation in the GCCSP program.

My signature certifies that I have read, understood and agree to the terms and conditions of this application and that all information I have provided on this application is correct.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signatures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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