

Name: _____

Date: _____



HARTNELL COLLEGE

Scholarship Application

Deadline is December 17, 2015

Completed Application Packet must include:

- Application
- One page personal statement
- One letter of recommendation

Do not staple documents!

All documentation must be one sided, no back to back please!

Transcripts will be obtained by the Financial Aid & Scholarship Office

Faxed or emailed applications will not be accepted

Drop off, or mail completed applications to:

Hartnell College
Scholarship Office- B 121
411 Central Ave.
Salinas, CA 93901

***Must be postmarked no later than deadline**

I. CONTACT INFORMATION

Please print (Black or Blue Ink only) or Type:

First name: _____ Last: _____ MI: _____

Hartnell Student ID #: _____ Last 4 digits of SSN#: _____

Gender: Male ___ Female ___

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

II. ACADEMIC INFORMATION

Hartnell College Units Completed: _____ FA 2015 Units: _____ Cumulative GPA: _____

REMEMBER! To be eligible for Hartnell College scholarships, students must be enrolled in a minimum of **9 units at Hartnell and maintain a 2.7 G.P.A or better during the 2016-2017 academic year.**

A. SCHOLARSHIP AREA

Some scholarships are awarded to students based on specific majors, or areas of study. Please indicate your major, or area of study:

- | | | | | |
|--------------------------------------|---|---|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Aviation | <input type="checkbox"/> Earth Science | <input type="checkbox"/> History | <input type="checkbox"/> Photography |
| <input type="checkbox"/> ADJ | <input type="checkbox"/> Biology | <input type="checkbox"/> ECE | <input type="checkbox"/> Liberal Studies | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> AOD | <input type="checkbox"/> Business | <input type="checkbox"/> Education | <input type="checkbox"/> Math | <input type="checkbox"/> Physics |
| <input type="checkbox"/> Art | <input type="checkbox"/> Chemistry | <input type="checkbox"/> Engineering | <input type="checkbox"/> Meteorology | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Computer Science | <input type="checkbox"/> English | <input type="checkbox"/> Music | <input type="checkbox"/> Theatre Arts |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Construction | <input type="checkbox"/> Ethnic Studies | <input type="checkbox"/> Nursing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Digital Arts | <input type="checkbox"/> Geology | <input type="checkbox"/> Oceanography | |

Please state your career objective: _____

Check any of the following which apply to you:

- | | |
|---|--|
| <input type="checkbox"/> A.C.E. student | <input type="checkbox"/> ESL |
| <input type="checkbox"/> CA Dreamer Student | <input type="checkbox"/> Financial Aid Student |
| <input type="checkbox"/> Bilingual Languages spoken: _____ | <input type="checkbox"/> First in family to go to college |
| <input type="checkbox"/> California Rodeo Salinas | <input type="checkbox"/> International Student |
| <input type="checkbox"/> CHISPA Resident | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Classified Hartnell College Employee | <input type="checkbox"/> Received Tutorial/Learning Assistance |
| <input type="checkbox"/> Dole Employee-Spouse/Child | <input type="checkbox"/> Re-entry Student |
| <input type="checkbox"/> Enrolled in Nursing Program | <input type="checkbox"/> Veterans of Monterey County |
| <input type="checkbox"/> EOPS | |

Extracurricular Activities & Community Involvement

- List any/all Hartnell sports in which you participate:

- List all campus activities in which you are involved (clubs, groups, etc.):

- Name all community service programs, organizations, etc. in which you are involved:

- Place of employment:

- List any scholarships for which you have *applied* during the last 6 months:

B. FALL 2016 Transfer Students Only

Please indicate the 4-Year college/university to which you will be transferring for the **FALL 2016** semester:

IMPORTANT! If you later decide you will not be attending the college or university listed above, please notify the Scholarships Office as soon as possible.

C. SCHOOLS ATTENDED

	Name	City/State/Country	Years of Attendance
Middle School	_____	_____	_____
High School	_____	_____	_____
College(s)	_____	_____	_____
	_____	_____	_____

D. REFERENCES

List two people who have knowledge of your academic promise, character, and responsibility.

Please note: This is in addition to your letter of recommendation.

	Name	Position/Title	Phone
1.	_____	_____	_____
2.	_____	_____	_____

III. READ AND SIGN

I, the undersigned, verify I am the sole author of this application and all statements herein are true and factual to the best of my knowledge.

Signature of Applicant: _____ Date: _____