Name:	Date:	



## Deadline is December 20, 2013

	•
Completed Application Packet must include:	Drop off or mail completed applications to:
□ Application	Hartnell College
☐ One page personal statement	Scholarship Office- Call 121
☐ One letter of recommendation	411 Central Ave.
Do not staple documents!	Salinas, CA 93901
All documentation must be one sided, no back to back p	ease! *Must be postmarked no later than deadline date

Transcripts will be obtained by the Financial Aid & Scholarship Office

	I. CONTACT INFORMATION		
Please print (Black or Blue Ink only) or Type:			
First name: l	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	<u> 1</u>	
Hartnell College Units Completed:	Units Enrolled:	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 2014-2015 academic year.			

<u>A. SCHOLARSHIP AREA</u>					
Some scholarshir	os are awarded to stud	ents based on spec	ific majors or areas	of study or interest	
	our major or area of st	-	inc majors of areas (	of study of interest.	
□ Agriculture	-	-	☐ History	□ Photography	
□ ADJ	□ Biology	□ ECE	, □ Liberal Studies		
□ AOD	☐ Business	□ Education	□ Math	□ Physics	
□ Art	□ Chemistry	□ Engineering	□ Meteorology	□ Social Science	
□ Automotive	□ Computer Science	□ English	□ Music	☐ Theatre Arts	
□ Astronomy	□ Construction	☐ Ethnic Studies	□ Nursing	□ Other:	
□ Athletics	□ Digital Arts	□ Geology	□ Oceanography		
Please state yo	our career objective	<b>:</b>			
Check any of the	following that apply to	you:			
□ AB 540 Student □ ESL					
☐ Bilingual Languages spoken:			□ Financial Aid Student		
□ CA Rodeo □ F			First in family to go to college		
□ CHISPA Resident			□ International Student		
□ Classified Ha	artnell College Employe	e □ Lea	□ Learning Disability		
□ Dole Employee-Spouse/Child			☐ Received Tutorial/Learning Assistance		
☐ Enrolled in Nursing Program			□ Re-entry Student		
□ EOPS			□ Veterans of Monterey County		
Evtracurricular A	ctivities & Community	Involvement			
	ports in which you part				
☐ 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 in the past year:					

IMPORTANT! If you later decide you will not be attending	the college or university listed above	, please notify the		
Scholarship Office as soon as possible.				
<u>C. SC</u>	HOOLS ATTENDED			
Name	City/State/Country	Dates of Attendance		
Middle School		Dates of Attendance		
High School				
College(s)				
_				
<u>D</u>	<u>. REFERENCES</u>			
List two people who have knowledge of your ac	adamic promise character and	responsibility		
	•	responsibility.		
Please note: This is in addition to your letter of	recommendation.			
Name & Address Pos	ition/Title	Phone		
	ition/Title	Priorie		
1				
2.				
2				
<u>III. 1</u>	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:			

**B. FALL 2014 Transfer Students Only** 

Please indicate the college/university you will be transferring to for the FALL 2014 semester: