



SPRINGFIELD TECHNICAL COMMUNITY COLLEGE

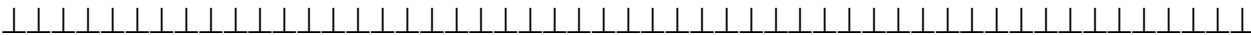
**ALUMNI ASSOCIATION SCHOLARSHIPS**

**\$\$\$\$ FIVE HUNDRED DOLLAR AWARDS !! \$\$\$**

**CRITERIA:**

1. An applicant must be a student presently enrolled at Springfield Technical Community planning to return to STCC in Fall 2010.
2. Has not received this scholarship in previous years.
3. An applicant may be either a day or evening student, meeting the following requirements:
  - DAY OR SCE STUDENT ENROLLED IN A MINIMUM OF **6 CREDITS**
  - MUST HAVE COMPLETED A MINIMUM OF **15 COLLEGE LEVEL CREDITS**  
(college level courses are 100 series or higher)
4. Applicants must maintain a minimum cum of **3.0 (QPA)**
5. Applicants must be committed to their educational goals and be involved in any form of campus/community service/volunteer activities,  
*-and-*
6. Demonstrate a need for financial assistance.
- 7. Must attach at least one letter of recommendation.**
8. Applications must be returned by **MARCH 22, 2010 (no exceptions)** to:

**STCC ALUMNI SCHOLARSHIP COMMITTEE**  
**ATTENTION: KAREN THOMES**  
**Building 27, Room 251 (Counseling Center)**
9. Selected Applicants will be notified for a scheduled interview.



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**APPLICATION INFORMATION**

STUDENT ID NUMBER: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: (    ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**STUDENT STATUS**

DAY STUDENT        SCE STUDENT        BOTH

NUMBER OF CREDITS COMPLETED: \_\_\_\_\_ MAJOR: \_\_\_\_\_

**FINANCIAL INFORMATION:**

ARE YOU CURRENTLY RECEIVING FINANCIAL AID?    YES        NO        Amount: \_\_\_\_\_

ARE YOU A:    DEPENDENT STUDENT? \_\_\_\_\_    INDEPENDENT STUDENT? \_\_\_\_\_

HOUSEHOLD SIZE: \_\_\_\_\_    INCLUDE ONLY THOSE PEOPLE WHO ARE DEPENDENT ON YOU OR YOUR PARENTS FOR SUPPORT.

DOES YOUR FAMILY HAVE ANY EXTRAORDINARY EXPENSES?    YES        NO   

IF YES, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

EMPLOYER (Company Name)	POSITION	FROM	TO	REASON FOR LEAVING
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DO YOU PLAN TO WORK WHILE ATTENDING CLASSES? \_\_\_\_\_    FULL        PART TIME

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**VOLUNTARY SERVICE TO STCC AND/OR COMMUNITY (INCLUDE EXTRACURRICULAR ACTIVITIES):  
Do not include activities that are required as part of your academic program or college work-study.**

<b>Campus/Community Organization</b>	<b>Dates of Membership</b>	<b>Name of Advisor</b>	<b>Hours/Week</b>

**A BRIEF PARAGRAPH STATING YOUR GOALS AND REASONS FOR APPLYING FOR THIS SCHOLARSHIP. ATTACH A SEPARATE PAGE IF NEEDED.\*\***

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**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE SIGNED:** \_\_\_\_\_

**\*\*RECOMMENDATION LETTER MUST BE ATTACHED TO BE CONSIDERED FOR THIS  
SCHOLARSHIP**