



# ECC Scholarship Application

For Office Use Only	
___	Recommendation Form
___	ACT ___ GPA ___ Application
___	Advisor ___ Term

## Application Process:

ECC Scholarships  
 Student Services Office  
 1100 College Avenue  
 Iowa Falls, Iowa 50126-1199

1. Complete both sides of this Scholarship Application form
2. Complete the "Applicant" portion of the Scholarship Recommendation form.
3. Ask someone (not a relative) who is familiar with your abilities to complete a Scholarship Recommendation form. As a courtesy, you may wish to provide a pre-stamped and pre-addressed envelope to the reference. Use the address listed on the left.
4. Ask your high school counselor for a copy of your transcripts.
5. Return the completed Scholarship Application form and transcript copy to the address listed on the left.

**Application Deadline:** March 1. Applications received after the March 1 deadline may be considered pending availability of funds.

## Type of Scholarships applying for:

- |   |  |
|---|--|
| <input type="checkbox"/> ECC Academic Scholarship           | <input type="checkbox"/> ECC Legacy Scholarship<br>(List full name, including maiden name, of family member/ECC alumni)<br>_____ |
| <input type="checkbox"/> ECC Ambassador Scholarship         |  |
| <input type="checkbox"/> ECC Director's Scholarship         | <input type="checkbox"/> ECC Activity & Athletic Scholarships<br><i>please specify</i> _____                                     |
| <input type="checkbox"/> ECC Leadership Scholarship         | <input type="checkbox"/> ECC Endowed Scholarships<br><i>please specify or attach list</i> _____                                  |
| <input type="checkbox"/> ECC Meritorious Scholarship        |  |
| <input type="checkbox"/> ECC Career & Technical Scholarship |  |
| <input type="checkbox"/> ECC Housing Grant                  |  |

## Personal Information:

Name of applicant \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
PO Box/Street City State Zip Code

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Intended area of study \_\_\_\_\_

Name of High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Intended ECC Enrollment: Term Beginning Year \_\_\_\_\_ (check one)  August  January

Student Status: (choose one)  full-time  part-time  online classes only

Parent/guardian name \_\_\_\_\_ Occupation \_\_\_\_\_

Parent/guardian name \_\_\_\_\_ Occupation \_\_\_\_\_

Other family members and ages \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Extracurricular**

Activities and Honors

Years of Involvement

Leadership Role

_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate examples of leadership experience (extracurricular activities, community or civic), honors received, recognition, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What did you gain from your leadership experiences?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Experience**

Nature of Job

Employer

Dates of Employment

_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify the information on this application is correct and complete to the best of my knowledge. I also authorize Ellsworth Community College to release my name to area and/or hometown media and web and to the Ellsworth College Foundation if I am awarded an endowed scholarship.

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

\_\_\_\_\_  
Date

