



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

Telephone _____ - _____ - _____ Email _____

Intended area of study _____

Name of High School _____ Year of Graduation _____

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

Student Status (check 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