VISIONS is a Career Development and Scholarship Program designed by Pitt Community College Foundation and The Greater Greenville Community Foundation in partnership with Pitt County Schools and funded by The Eddie and Jo Allison Smith Family Foundation, Inc.

Name__________________________

School_________________________

For more information, call 493-7501 or 493-7239
Email rwarren@email.pittcc.edu or jshallow@email.pittcc.edu

Applications are due to your Career Development Coordinator (CDC) by October 20, 2017.

AGHS  Student Services,  Ms. Carla Jones  
FCHS Library,  Ms. Carla Jones  
NPHS  400 Hall,  Mr. Hal Knox  
DHC Across from Rm. 216,  Ms. Natalie Evans  
JHR Student Services,  Ms. Ashleigh Wagoner  
SCHS  Student Services,  Ms. Emily Duke

Application must be turned in to the High School CDC, not Pitt Community College.
The VISIONS Career Development and Scholarship Program is for current Pitt County High School Juniors who presently:

- Have a 2.0-3.2 GPA
- Plan to attend Pitt Community College
- Do not have discipline problems
- Have a family income of $60,000 or less
- Are pursuing a Standard Course of Study Diploma

Students who were not born in the United States and do not have a social security number must present a valid VISA, a Permanent Resident Card or a copy of their Permanent Resident Card Application at their interview. Students without this documentation will not be eligible for in-state tuition at PCC or to apply for VISIONS. Applicants must be eligible to work legally in North Carolina.

Students who are accepted into this program will be expected to:

- Attend the VISIONS Summer Institute at PCC, Summer 2018.
- Participate in required VISIONS group seminars and activities throughout the year.
- Apply for financial aid (FAFSA) on time and other scholarships as are appropriate for the student.
- Complete the required PCC Placement Test between junior and senior year.
- Provide their own transportation to all VISIONS events.
- Maintain a 2.0 GPA in any PCC Dual Enrollment classes (Career & College Promise Program) that they take during high school.

Students successfully completing this program can earn a renewable $1,000 ($500 per semester) scholarship to Pitt Community College.
Required Attachments:

- Current transcript (as of Spring 2017)
- Copy of last progress report or report card
- Two (2) recommendation forms from high school (teacher, counselor, club advisor, or principal). One teacher needs to be from a core class (Math, English, Science, Social Studies). List names of those making Recommendations:
  1. __________________________
  2. __________________________
- Completed application (including short answer questions and Teacher Recommendations).
- Discipline Report (will be attached by the Career Development Coordinator)

Interviews:
Candidates will be notified by mail and by the Career Development Coordinator if they are selected to interview. If chosen, students will be individually interviewed by the VISIONS selection committee. Interviews will be conducted in November.

Scholarship Recipient Notification:
An announcement of selected students will be completed by the beginning of December. Students will receive acceptance letters that will include information about the mandatory VISIONS Orientation for Parents and Students.

The VISIONS Staff will also notify the school principals, counselors and Career Development Coordinators.

All questions must be answered or application will not be accepted.
Scholarship Applicant

LAST        FIRST        MIDDLE

Social Security Number   -   -   Date of Birth

Are you a US Citizen? Yes No
If not, do you have legal documentation to live in the US? Yes No

Address (where you live)

If this is not your mailing address please provide the address where you receive your mail:

Home Phone #
Student Cell #
Student E-mail

Name of Parents/Guardian

Mother’s Cell #   Mother’s Email
Father’s Cell #   Father’s Email
Guardian’s Cell #   Guardian’s Email

Current GPA from Spring 2017: unweighted _______ weighted _______

Do you have an Individualized Education Plan (IEP) or a 504 plan to meet the needs of a learning difference and to help you be successful in school? ☐ YES ☐ NO

This does not disqualify you for the VISIONS program but allows us to best serve you during the transition from high school to college.

Have you enrolled in or completed a dual enrollment (Career & College Promise) class through Pitt Community College? ☐ Completed in the past ☐ Currently enrolled ☐ Both

Who told you about the VISIONS Scholarship?

What t-shirt size do you wear (Adult sizes only)? S M L XL XXL XXXL
Financial Information

1. One of the qualifications for this scholarship is that your family income is less than $60,000. Please explain your family’s financial situation and any other circumstances that would make it difficult for you to pay for college.

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

2. Primary Parent/Guardian Name with whom you live ________________________________
   Occupation ________________________ Employer ________________________________
   Annual Income ______________

   Secondary Parent/Guardian Name with whom you live ________________________________
   Occupation ________________________ Employer ________________________________
   Annual Income ______________

Supplemental Security Income    Yes  No         Monthly Amount ______________

3. Who claims you on their taxes (i.e. mom, dad, step-parent, both, etc.)? ______________
   Do you live with this person? Yes    No

4. How many people live in your home? Count yourself, parents, siblings, and other relatives? ______________

5. Projected amount that the family could pay towards tuition and expenses in order to attend Pitt Community College $_____________________________

Parent Signature: X______________________________

Student Signature: X______________________________
Please answer all the questions. If needed, you may add an additional page.

Why would you like to be a part of the VISIONS program?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Tell us three things about yourself.
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Tell us about your family.
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

What clubs, sports, or other organizations are you involved in?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

What is your career goal? If you don’t have one, what careers interest you at this time?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Have you been suspended from high school? Yes  No  If yes, explain.
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Have you ever had a criminal charge? Yes  No  If yes, explain.
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
STUDENT: Put your name on this form and give it to the teacher you select.

VISIONS Scholarship Program
Teacher Recommendation Form

Student Name: ______________________________________________ 

Recommending teacher: Thank you for taking the time to complete this recommendation form. Your recommendation and comments are valuable to the VISIONS Scholarship Program selection committee. The responses you provide will not be seen by the student or parent and will be kept in strict confidence by the committee. Please use ink.

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On a scale of 1-5, with 1 being the weakest score and 5 the strongest, please rate this student on the following characteristics: (Circle one number per item.)

<table>
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<th>Weak</th>
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Responsible for homework, projects, and assignments
Mature in comparison to his/her classmates & others his/her age
Respectful of teachers & other classmates; has a positive attitude
Able and willing to follow instructions
On task; actively participates in class
Comes to class on time and is well-prepared
Actively contributes to class
Well-behaved and not a discipline problem
Exhibits good problem-solving skills
Honest; trustworthy

Comments___________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Does this student have your recommendation for the VISIONS Scholarship Program? (Check one.)

____My highest recommendation
____My recommendation
____My recommendation with reservation(s)
____The applicant does not have my recommendation

Teacher Signature: ________________________________________ Date ______________
Teacher Name (Print): __________________________________________
Course ______________________________________________________________________

Please do not return this form to the student making the request. Return this recommendation to your Career Development Coordinator at your school. Feel free to place it in a sealed envelope if you wish. This information will be kept in strict confidence.
STUDENT: Put your name on this form and give it to the teacher you select.

VISIONS Scholarship Program
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Student Name: ______________________________________________

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Comments____________________________________________________________________
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_____My highest recommendation
_____My recommendation
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Teacher Signature: ________________________________ Date ______________
Teacher Name (Print): ____________________________________________
Course __________________________________________________________________

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