

**2017-2018 Faculty Senate Scholarship Application**  
*Pitt Community College Foundation*



Please be as thorough as possible and answer **ALL** questions. Return this application to the PCC Foundation Office at P. O. Drawer 7007, Greenville, NC 27835-7007. **Applications are due April 10, 2017.**

The application will be reviewed by the PCC Foundation and the PCC Faculty Senate Scholarship Committee.

PCC Student ID # : \_\_\_\_\_

Name: \_\_\_\_\_  
                                     Last  First  Middle/Maiden

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Are you a NC resident?     Yes         No

NC Home County \_\_\_\_\_

PCC Begin Date: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Other Financial Aid:     Pell Grant         Loan

Other Scholarship: \_\_\_\_\_

PCC Major: \_\_\_\_\_

Attach the following:

- ♦ Two (2) Faculty Member Recommendations
- ♦ One-page typed essay about how PCC is helping you to attain your academic and career goals. This essay should be typed, double-spaced, 12 point font, 1-inch margins and contact at least 250 words.

*(Continued on the next page)*

## STATEMENTS OF UNDERSTANDING

Please initial by each of the statements to acknowledge that you have read it and understand it.

\_\_\_\_\_ I understand that scholarships, and other types of financial assistance, may be taxable on my income tax return.

\_\_\_\_\_ Any monies in excess of those expended for tuition and fees, books, supplies and equipment required for courses, should be included as gross income. If you have any questions, please contact the Internal Revenue Service or your tax consultant.

\_\_\_\_\_ I certify that I am enrolled as a full-time student and will maintain full-time student status for each semester I receive this scholarship. If I fall below full-time status, the scholarship will be cancelled.

\_\_\_\_\_ I certify that I currently have a 3.0 or higher GPA and will maintain a 3.0 or higher GPA for each semester I receive this scholarship. If my GPA falls below 3.0, the scholarship will be cancelled. The institutional GPA will be the one used to determine this eligibility.

\_\_\_\_\_ I certify that I have successfully completed at least 20 hours of coursework at PCC.

\_\_\_\_\_ I understand that this scholarship will be paid in two (2) installments of \$500 for sequential semesters starting in the Fall of 2017 and ending with the Spring Semester of 2018.

\_\_\_\_\_ I understand that scholarship money is intended for academic purposes. Excess funds will be dispersed according to the financial aid disbursement schedule after all responsibilities to the college have been satisfied.

\_\_\_\_\_ I understand that if I receive this scholarship, my likeness/photograph may be used in publications by the college.

\_\_\_\_\_ I certify that I have read this application thoroughly and have answered all questions and statements truthfully and to the best of my ability. If any of my statements are false, I understand that my scholarship will be cancelled.

\_\_\_\_\_ I understand that if any part of this application is not completed, I will not be eligible for any scholarships at PCC.

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Applicant's Signature

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Date