



## **Scholarship Request Form**

(For first time and continuing applicants)

Date of Application:	Student ID Number:		
First Name:	Middle Initial Last Name		
Mailing Address:			
City	State	Zip Code	
Email Address:	Cell Number:	mber: Work Number:	
Program of Study:			
Institution	Program	Degree Obtained or # of Credit Hours Earned	Cumulative GPA as of last completed semester
Mode of Study:  Requesting Assistance for:  Summer – Year:  Fall – Year:  Spring – Year:  Upon availability of funds)  Part Time Student  Are you receiving a Pell Grant?  Yes  No  Are you receiving a Pell Grant?  Yes  No  Are you receiving a Pell Grant?  Yes  No			
See Scholarship Guidelines for additional required documents to submit with this form. A copy of your current schedule, your bursar account with amount owed, and grades from the previous semester must be attached. PLEASE NOTE – A SEPARATE SCHOLARSHIP APPLICATION MUST BE SUBMITTED FOR EACH SEMESTER.  ACKNOWLEDGEMENT: I certify that all information given herein is true and correct to the best of my knowledge. I will provide any supporting documents needed (transcripts, etc) which may assist in determining my request for this scholarship assistance. I understand that I must meet all the criteria set in the ZETAC			
	assistance. I understand that this assistance is specifically for		set in the ZETAC
Signature		Date	