



HINDS COMMUNITY COLLEGE

APPLICATION FOR FOUNDATION SCHOLARSHIPS

Please review the specific criteria and required documents for all scholarships at www.hindscc.edu/DFSA, then check the Foundation scholarship(s) for which you are interested.

- Foundation (General)
- CN Scholarship (students must be in the automotive machinist, diesel equipment, welding, electrical technology, electronics technology or machine tool technology program)
- **Trustmark Bank (students must have graduated from a high school in and reside in Hinds, Madison, Rankin, or Warren County)
- Vicksburg Medical Foundation Scholarship (students must be admitted to the AD Nursing program)

Please note that the following documents are required and must be submitted before you can be considered for any of these scholarships.

- Students applying for Foundation scholarships must complete an Application for Admission to Hinds Community College. This application is available on our Web site – www.hindscc.edu.
 - Application for Foundation Scholarships (also available online at www.hindscc.edu/DFSA). You will also use this application to provide a summary of why you feel you should be considered for a scholarship, a list of your achievements and a brief statement of any special financial needs.
 - High school and/or college transcript(s) (can be an unofficial transcript).
 - Copy of your ACT scores (if not posted on your high school transcript) or GED scores (if applicable).
 - Three recommendations from individuals (i.e. – school, church, community/civic organizations, or work). (Please download the recommendation form from our Web site at www.hindscc.edu/DFSA. It is the student's responsibility to provide copies of the form to the individuals who are providing their recommendations and to have those submitted by the March 1 deadline.)
- **Students who are only applying for the Trustmark Bank scholarships are not required to submit these recommendations.

All information must be postmarked to Enrollment Services, P. O. Box 1100, Raymond, MS, 39154-1100 or hand delivered to Enrollment Services, 1st Floor, Fountain Hall, Raymond Campus on or before March 1.

PLEASE NOTE: Students wishing to be considered on the basis of financial need must complete the Free Application for Federal Student Aid (FAFSA) and have results on file in the Hinds CC Financial Aid Office by March 1. FAFSA results must be on file with the Hinds CC Financial Aid Office to be considered for the CN Scholarship, Vicksburg Medical Foundation Scholarship, and Trustmark Bank Scholarship as well as some other Foundation Scholarships.

SECTION 1: Student Information

Name: _____
 Last Name _____ First Name _____ Middle Initial _____
 Social Security Number: _____ - _____ - _____ Date of Birth: _____
 Home Phone Number: (____) _____ Cell Phone Number: (____) _____
 Email Address: _____
 Permanent Address: _____
 Street, Route, Box _____ City _____ State _____ Zip _____
 County of Legal Residence/since? _____ / _____ State of Legal Residence/since? _____ / _____
 (Year) _____ (Year) _____

SECTION 2: Education prior to attending Hinds Community College

Are you, or will you be, a high school graduate? Yes No High school cumulative grade point average (present time) _____
 Name of high school: _____ Year graduated: _____
 Do you, or will you, have a (choose one) High School Diploma Occupational Diploma High School Certificate of Attendance GED
 Have you taken the ACT test? Yes No If yes, what is your highest ACT composite score? _____
 Are you a returning HCC Student? Yes No
 Please list in the spaces below all colleges and technical schools, other than Hinds CC, that you have attended since high school.

College and Technical Schools	City/State	From month/year to month/year

SECTION 3: While attending Hinds Community College,

I am requesting financial assistance for these semesters - Fall 20____ Spring 20____
 I plan to attend classes at these locations - Jackson – Academic/Technical Center Jackson - Nursing/Allied Health Center Online Classes Only
 Rankin Campus Raymond Campus Utica Campus Vicksburg-Warren Campus
 I plan to major in this field of study: _____
 I expect to graduate from Hinds Community College: (month and year) _____

SECTION 4: Because some scholarship criteria is very specific, it is helpful to have the following additional information.

Sex: Female Male Marital Status: Single Married Number of Dependent Children: _____
 Do you identify yourself as Hispanic or Latino Yes No
 Please select one or more of the following races: Black or African American Asian White Native Hawaiian or Pacific Islander
 American Indian or Alaska Native Other (please specify) _____
 Veteran or related to a veteran? Yes If yes, identify relationship: _____
 Related to a Hinds Community College employee? Yes No If yes, what is their relationship to you: _____

Write a summary about yourself and why you feel you should be considered for a scholarship:
(Please include Personality Traits/Social and Leadership Abilities)

List of Achievements/Extracurricular Activities/Community Service/Work Experience:
(You may attach additional pages, if needed.)

Financial Need:

Certification:

All the information provided by me or any other person on this form is true to the best of my knowledge. I understand that this application does not guarantee me a scholarship. I further understand that I must fully comply with all guidelines governing the scholarship if awarded (see the on-line College Catalog and Student Handbook).

Signature of Student _____ Date _____

**All information must be submitted by March 1 to Enrollment Services, P. O. Box 1100, Raymond, MS 39154-1100
or hand delivered to the First Floor, Fountain Hall, Raymond Campus.**



Hinds Community College

Foundation Scholarship

Recommendation Form

Applicant/Student's Full Name: _____ Student ID: _____
(Please Print) First – Middle Initial - Last Name (if known at this time)

Applicant/Student's Address: _____
Street City State Zip

Please complete the following evaluation based on your knowledge of the applicant's abilities in the specified categories:

COMMUNICATION SKILLS	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
ATTENDANCE RECORD	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
WORK HABITS	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
INTEGRITY	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
RELIABILITY	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
COOPERATION	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
OVERALL CHARACTER	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
COMMUNITY/SCHOOL INVOLVEMENT	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known
FINANCIAL NEED	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Above average	<input type="checkbox"/> Average	<input type="checkbox"/> Below average	<input type="checkbox"/> Not Known

Please feel free to provide additional comments in the space below about why you believe this student is a good candidate to receive a scholarship to attend Hinds CC?

I give the individual identified below permission to release recommendation information to Hinds CC on my behalf.
I do waive ___ do not waive ___ my right to see letters of recommendation submitted on my behalf.

Signature of Student _____ Date _____

Name (print/type) _____ Title _____

How long have you known the applicant? _____ Relationship _____

Email _____ Phone(s) _____

Signature _____ Date _____

Please return this form to the student or submit directly to Enrollment Services, P. O. Box 1100, Raymond, MS 39154-1100 or deliver to First Floor, Fountain Hall, Raymond Campus. All information must be received by March 1.