



**Scholarship Application**

Please complete a separate application for each scholarship or award.

Date: \_\_\_\_\_ Home Campus:  Chesapeake  Norfolk  Portsmouth  Virginia Beach

Name of Scholarship: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Have you applied for admission to TCC?  Yes  No

Have you completed the Free Application for Federal Student Aid (FAFSA) for 2012-2013?  Yes  No

Are you a U.S. Citizen?  Yes  No

**Student Acknowledgement**

I understand that my total financial aid awards will be reviewed in order to verify that I have not already met my remaining need and/or cost of attendance through other aid sources. I further understand that the College reserves the right to make any adjustments to my financial aid awards to ensure that I do not exceed my remaining need and/or cost of attendance. I understand that I will receive a notice at my College assigned email address notifying me of any changes to my financial aid awards.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Campus Financial Aid Office Use**

Type of Award:  Foundation  Agency  Private Designated  Private Undesignated

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Scholarship Term:  Fall Only  Fall and Spring  Spring Only  
 Spring and Summer  Summer Only

For Private Scholarships: <input type="checkbox"/> Criteria Attached <input type="checkbox"/> No Criteria Received from Donor
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Coordinator/Advisor's Signature: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

**Donor/Organization Information**

Donor/Organization Name: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

**Central Financial Aid Office Use**

Number of Credits/GPA	Date Deposited in AIS	Maximum Eligibility (RN)	Item Type	Date Awarded in SIS