



## Scholarship Application and Donor Form

**Complete a separate application for each scholarship or award.**

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

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

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

Address/City/State/Zip: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Have you:      Applied for admission to TCC?    Yes    No  
                   Applied for Financial Aid for current academic year?    Yes    No

Are you:      A U.S. citizen?    Yes    No

**STUDENT ACKNOWLEDGEMENT**

Your total Financial Aid package will be reviewed to verify that you are not over awarded. Central Financial Aid reserves the right to make any adjustments to your Financial Aid awards in the event that you are over awarded and a revised award letter will be mailed in such a case.

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

**TO: Campus Financial Aid Office**

**Type of Award:**

Foundation    Agency    Private Designated    Private Undesignated

For Private Scholarships:  
 Scholarship Criteria Attached  
 No Criteria Received From Donor

Date received: \_\_\_\_\_ Academic year : \_\_\_\_\_ Amount: \$ \_\_\_\_\_

This scholarship is for:    Fall only    Fall & Spring    Spring only    Spring & Summer    Summer only

Donor/Organization's Name: \_\_\_\_\_

Individual to Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

**For CFA Use:**

# Credits, GPA	Date Dep. in FRS/Batch ID	Max. Elig. (RN)	Item Type	Date Awarded in PS