

# McCracken County Community Career Endowment, Inc.

## 2017 EDUCATIONAL ASSISTANCE APPLICATION

**TO STUDENT:** Please complete the following information based on the current school year. All applicants must be either a full or part-time student enrolled or to be enrolled at a post-secondary educational facility or high school senior to be eligible. Deadline for submission of this application, including all attachments, must be postmarked on or before March 17, 2017. If applicable, be sure to verify that your institution has properly and fully completed the 2<sup>nd</sup> page of this form. Prior award winners must detail progress since last award.

***( Please print in black ink only or type information requested)***

Last Name, First Name, Middle Initial	Social Security Number (last 4) <b>XXX-XX-</b>	Date
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Address	City, State, Zip	E-mail Address	Home Phone /Cell
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Age-	Date/City of Birth-	# of persons living in your household-
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US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> African American	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Name of college or educational facility that you attend or plan to attend	Cumulative GPA, or HS GPA	Full or part-time student	Major Field of Study	Expected Date of Graduation	Have you ever received financial assistance from MCCCE? If so, list year received and amount.
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If you are of low income status, list total family income for 2016 \$ _____ List source(s) of Income	Are you currently employed? (List employer, pay per hr. and hrs. worked per wk.)
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\*Please attach an autobiographical essay (1 page maximum) in which you highlight your significant experiences, community service involvement, and the qualities of character and leadership that have helped you in achieving your goals. Comment on your educational and career aspirations and explain the difference receiving a MCCCE educational assistance would mean in your life.

**Applicant Certification-** I affirm that the information which I have provided on this application form and any additional material that I submit to MCCCE is complete, accurate and true to the best of my knowledge. Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), I hereby authorize MCCCE to release the educational assistance information provided by me to scholarship donors for the purpose of providing the donors with information concerning my eligibility as a scholarship/educational assistance recipient. I also understand that furnishing false information may result in revocation of any MCCCE educational assistance.

\_\_\_\_\_ **Applicant Signature or Parent/Guardian if applicant is under 18**      \_\_\_\_\_ **Date**

**Are you a first generation college student?**       yes       no (A first-generation college student is defined as a student whose parent(s) or legal guardian(s) did not completed a bachelor's degree at a four-year college or university.)

### **Check List of Required Documents** *(only complete applications will be considered)*

- Completed Application (please print - black ink only or typed)
- Transcript (high school or college) or Post-Secondary Educational Facility Certification if enrolled in college
- Autobiographical Essay (Prior award winners must detail progress since last award)
- Professional Resume'
- OPTIONAL**     Proof of income (see instructions)



Please forward completed form with attachments to  
 McCracken County Community Career Endowment, Inc. (MCCCE)  
 Post Office Box 357, Paducah, Kentucky 42002-0357  
 Website: [www.mccce.org](http://www.mccce.org) Email: mc3cendowment@aol.com  
 postmarked on or before March 17, 2017

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## Post-Secondary Educational Facility Certification

*(for applicants who are currently enrolled in college, high school seniors should submit HS transcripts)*

APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER \_\_\_\_\_

My signature above indicates that I authorize school officials to release the below information to MCCCE for inclusion in my application for Educational Assistance.

**(If you are currently enrolled in post-secondary facility, please have the appropriate party complete the following)**

**TO INSTITUTION: Please complete the following information applicable to the above student for the current school year. If your institution prefers to submit other verification forms, please insure the following information is included. Timely and accurate response is critical for the student to be considered for this assistance.**

1. Student's cumulative GPA for the current school year \_\_\_\_\_
2. Estimated cost for tuition, books, and other tuition-related expenses for the 2017-2018 school year \$\_\_\_\_\_.
3. List the name and the amount of scholarships/grants (excluding loans) the above student is receiving, or anticipates receiving, for the 2016-2017 school year.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

The signature, stamp, or seal below verifies the above student's enrollment, scholarship, and GPA.

Certified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Website \_\_\_\_\_

*Note: Certifying official must be authorized to release student information.*



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