

## S-STEM SCHOLARSHIP

NAME OF SCHOLARSHIP \_\_\_\_\_

NAME \_\_\_\_\_ S.S.# \_\_\_\_\_  
LAST FIRST M.I.  
ADDRESS \_\_\_\_\_  
STREET APT# CITY COUNTY/ STATE ZIP  
TELEPHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
AREA CODE HOME WORK MONTH/ DAY / YEAR

MARITAL STATUS  Married  Single  Divorced  Widowed

GENDER:  Female  Male  
ETHNIC ORIGIN:  White (not of Hispanic origin)  
 Black (not of Hispanic origin)  
 Hispanic  
 Asian or Pacific Islander  
 American Indian or Native Alaskan  
 Other \_\_\_\_\_

LAST SCHOOL ATTENDED \_\_\_\_\_ CUMULATIVE GPA \_\_\_\_\_

LOCATION OF LAST SCHOOL ATTENDED \_\_\_\_\_  
CITY STATE

HIGH SCHOOL ATTENDED \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

Did you request that your test results be mailed to Florida Community College at Jacksonville?  Yes  No

Have you applied for financial aid?  YES  NO

Are you a U.S. citizen?  YES  NO

Are you an immigrant or refugee (not on tourist, visitor or f-1 visa)?  YES  NO  
(Proof of status must be provided with application)

### EDUCATIONAL INFORMATION

Intended program of study \_\_\_\_\_ Enrollment status  full-time  part-time

What are your career goals \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES**

List your extracurricular activities or honors you have received \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any involvement in community activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Indicate your degree objective at FCCJ.**

- Associate in Arts degree (108) transfer to university
- Associate in Science (See list of degrees in Admissions office)  
If degree is AS enter degree number \_\_\_\_\_

**Enrollment Status**

- Full-time – 12 or more credit hours (**example: 4 classes @ 3 credit hours**)
- Three-quarter – 9 to 11 credit hours (**example: 3 classes @ 3 credit hours**)
- Half-time – 6 to 8 credit hours (**example: 2 classes @ 3 credit hours**)

**The scholarship I am applying for will become effective**

- Fall term (Beginning August)
- Spring term (Beginning January)
- Summer term (Beginning May)

**Indicate the name(s) by category of all financial aid that you have applied for, or are currently receiving.**

<u>Grants</u>	<u>Loans</u>	<u>Scholarships</u>	<u>Other</u>
_____	_____	_____	_____

**ALL SCHOLARSHIP APPLICANTS MUST DO THE FOLLOWING:  
You must attach a copy of your transcript with each application  
All scholarship recipients must apply for financial aid**

**Signature** \_\_\_\_\_ **DATE** \_\_\_\_\_

Application for admission to Florida Community College at Jacksonville must be made separately (when applicable) and precede the awarding of the scholarship.

**Mail scholarship packet (application and transcript to):  
Florida Community College at Jacksonville  
Scholarships Office – Room 260  
501 West State Street  
Jacksonville, FL 32202**