Crounse Corporation Scholarship Application

Last Name _____ First Name _____ Middle Initial _____

Student ID#/SSN _____ Area Code and Telephone Number _____

Street Address _____ City _____ State _____ Zip Code _____

High School Attended _____ Date of Graduation _____

High School or College GPA _____ ACT Composite _____

Did you graduate as Valedictorian or Salutatorian? Yes_____ No_____

This application is for: CHOOSE ONE: ☐Fall and Spring ☐Fall ONLY ☐Spring ONLY

Primary Race/Ethnicity:**(OPTIONAL)-** CHOOSE ONE

☐ Black, Non-Hispanic ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander
☐ White, Non-Hispanic ☐ Hispanic ☐ Other

I plan to enroll: CHOOSE ONE ☐ Full-time (12 or more hours) ☐¾-time (9-11 hours) ☐½-time (6-8 hours)

I plan to major in/my major is:_____

My educational goals include: ___ Associate Degree ___ Bachelor Degree

Please list previous college(s) attended, hours completed, and GPA.

Previous College _____ Hours _____ GPA _____

Previous College _____ Hours _____ GPA _____

**** A high school transcript and letter of recommendation must be attached for the application to be considered. ****

I am requesting scholarship consideration because _____

_____

_____

_____

_____

FINANCIAL CERTIFICATION*:* I certify that all the information supplied on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I/we have given on this form. I/We realize that this proof may include a copy of my/our U.S. and/or state income tax return. I/We also realize that if I/we do not give proof when asked, the student may not receive scholarship consideration.

Student's Signature: _____ Date_____

Spouse's Signature: _____ Date_____

Please mail this form to Cara Clarke, MCTC, 1755 US HWY 68, Maysville, KY 41056