

FOUNDATION

Shoreline Breakfast Rotary Presidents' Scholarship Application

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NAME _____
Last First Middle

ACHIEVEMENTS / AWARDS (most recent):

Type	Received From	Date/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

THREE REFERENCES (non relatives):

Name	phone	email	relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I certify that the information provided in this application and all attachments are accurate and complete. By applying, I certify that I meet the qualifications and requirements. I authorize the SCC Foundation to verify any and all submitted information through appropriate means. I also authorize this information to be released to individual contributors and selection committees in addition to the SCC Foundation. I understand that submission of this application authorizes Shoreline Community College and SCC Foundation the right to use my name, application materials and images for publications, reports and press releases in any media. I understand scholarships may possibly affect need-based aid awarded by the College.

I agree to attend the SCC Foundation award presentation.

Failure to meet any of the above may result in forfeiture of any scholarship awarded.

_____ signature _____ date

To be eligible for consideration, applications and all required material are due in the SCC Foundation office by the indicated deadline. Applications and materials must be submitted as complete packets.

SCC FOUNDATION
16101 Greenwood Avenue North room 1005
Shoreline, WA 98133-5696
(206) 533-6783 or (206) 546-4755

DEADLINE TO APPLY: 4:00 pm - April 6, 2012

BUDGET WORKSHEET

Name _____ Student # _____ Date _____

INCOME AND OTHER RESOURCES	MONTHLY AMOUNT	ESTIMATED EXPENSES	MONTHLY AMOUNT
FAMILY INCOME		HOUSING AND FOOD	
Student's Net Income		Rent/Mortgage	
Other income		Utilities	
Assistance from others		Telephone/Cell Phone	
		Cable/Internet	
		Food	
OTHER RESOURCES <small>(Financial Aid in separate section)</small>			
Public Assistance		PERSONAL	
Food Stamps		Clothing	
Veteran's benefits		Entertainment	
Social Security		Medical/Dental	
Unemployment		Child Care	
Alimony		Personal misc	
Child Support		Credit Card(s)	
DVR			
		TRANSPORTATION	
Other		Bus	
		Car	
		Gas	
		Maintenance	
		Insurance	
		Payment	
		Parking Permit	
		OTHER	
TOTAL MONTHLY INCOME	A) \$	TOTAL MONTHLY EXPENSES	A) \$
QUARTERLY INCOME (3 months)	B) \$	QUARTERLY EXPENSES (3 months)	B) \$
FINANCIAL AID	Quarterly Amount	EDUCATION EXPENSES	Quarterly Amount
Grants		Tuition & Fees	
Scholarships		Books	
Work Study		Supplies	
Worker Retraining		Testing Fees	
FSET		Other	
Loans			
Total Financial Aid	C) \$	Total Education Expenses	C) \$
Savings			
TOTAL QUARTERLY INCOME (B + C)		TOTAL QUARTERLY EXPENSES (B + C)	