

Shawn Henrichsen Memorial Dental Hygiene Scholarship

The Shawn Henrichsen Memorial Dental Hygiene Scholarship was established by his parents Phyllis and Leo Henrichsen in July 2012. Shawn was a 1996 graduate of Shoreline Community College Dental Hygiene Program. This fund, in memory of the Henrichsen's son, was created to provide assistance to students enrolled in the SCC Dental Hygiene Program who have financial need and will be attending Shoreline during the 2015-2016 year. One award of \$500 will be made available. Award may be used for SCC tuition, fees related to tuition, textbooks and/or dental hygiene instruments.

This award has no cash exchange value and is non-transferable. The award expires June 2016.



Criteria for Eligibility

- ❖ Applicant must be a fulltime student accepted or enrolled in the SCC Dental Hygiene Program.
- ❖ Applicant must have a minimum clvl 2.0 GPA.
- ❖ Applicant must show evidence of financial need.
- ❖ Applicant must be in good standing with SCC.



Application Procedures

To be considered, each applicant must submit **four** collated packets (typed). Each packet must include:

1. Completed **Application**.
2. Completed **Budget Worksheet**.
3. Current **Class Schedule**.
4. Most recent **Unofficial College Transcripts** through winter 2015.
5. **One page essay** describing career goals and financial need.

EXTENDED DEADLINE: 4:00 pm – Tuesday, May 5, 2015

NOTIFICATION: Applicants will be notified by May 30, 2015

16101 Greenwood Avenue North - Shoreline, WA 98133-5696
Lynn Yaw (206) 533-6783 or Chandra Passé (206) 546-4755

Shoreline Community College
FOUNDATION

Shawn Henrichsen Memorial Dental Hygiene Scholarship Application

NAME: _____ PHONE #: _____
Last First Middle

ADDRESS: _____
Street City State Zip

E-MAIL: _____ BIRTHDATE: _____ M ____ F ____

STUDENT #: _____ CLVL GPA: _____

EXPECTED DATE OF GRADUATION - Month: _____ Year: _____

COLLEGE/UNIVERSITY TRANSFERRING TO: _____
(If planning to transfer)

Please submit **four** collated packets (typed). Each packet must include:

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4. Most recent **Unofficial College Transcripts** through winter 2015.
5. **One page essay** describing career goals and financial need.

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 that scholarships may possibly affect need based aid awarded by the College.

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 collated packets – each copy of materials stapled or clipped together. Faxed or emailed applications are **not** an acceptable form of submission. Incomplete/ineligible applications will not be reviewed by the selection committee. Applications and all materials submitted become the property of SCC Foundation and will not be returned to the applicant.

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

Signature Date

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>(Federal 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	E) \$
QUARTERLY INCOME	B) \$	QUARTERLY EXPENSES	F) \$
(3 months A x 3)		(3 months E X 3)	
FINANCIAL AID	Quarterly Amount	EDUCATION EXPENSES	Quarterly Amount
Grants		Tuition & Fees	
Scholarships		Books	
Work Study		Supplies	
Worker Retraining		Testing Fees	
BFET		Other	
Loans			
Total Financial Aid	C) \$	Total Education Expenses	G) \$
Savings	D) \$		
TOTAL QUARTERLY INCOME		TOTAL QUARTERLY EXPENSES	
(B + C + D)		(F + G)	