

Hannah Heltsley Memorial Scholarship

This fund was established in memory of Hannah Heltsley. Hannah was a talented young woman who struggled with Borderline Personality Disorder and addiction, and was never able to complete her education. This scholarship was established by her loved ones for the purpose of providing scholarships/grants for Shoreline students who struggle with mental illness and/or addiction. This scholarship will be offered in the amount of two \$500.00 awards during the 2015 - 2016 year to those who meet the eligibility criteria. This scholarship will be for SCC tuition and fees related to tuition, required textbooks and/or materials available through the SCC Bookstore.

The scholarship has no cash exchange value and is non-transferable. The award must be completed by spring 2016.

Criteria for Eligibility

- ❖ Applicant must be a U.S. citizen or legal U.S. resident or permanent U.S. resident with an I-551 Card or a student in F-1 nonimmigrant status.
- ❖ Applicant must be currently accepted and enrolled in a degree seeking program at Shoreline.
- ❖ Applicant must be in good academic standing, and have completed a minimum of two quarters at Shoreline with SCC c/vl 3.0 GPA.
- ❖ Award will be given based on need, grades, and quality of essay.

Application Procedures

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

1. Completed **Application**.
2. **SCC Unofficial Transcript** through winter 2015.
3. **Essay** (two pages maximum) describing your journey including:
 - Your struggle with mental illness and/or addiction and how it effects your education & life.

DEADLINE: 4:00 pm – Wednesday, April 8, 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

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NAME: _____ PHONE #: _____
 Last First Middle

ADDRESS: _____
 Street City State Zip

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

SCC STUDENT #: _____ EXPECTED DEGREE: _____

SCC CLVL GPA: _____ EXPECTED DATE OF GRADUATION - Month: _____ Year: _____

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

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			
(Federal Financial Aid in separate section)			
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 (B + C + D)		TOTAL QUARTERLY EXPENSES (F + G)	