Mohawk Valley Community College Foundation Scholarship Application

€ I am a current MVCC Student:

1. A letter of recommendation

Please check one of the following categories:

€ I am a High School Senior, and have included:

1. A letter of recommendation from

	from my High School Principal or Guidar Office	ce an MVCC Faculty Member
2.	Copy of my High School Transcript	2. Most recent College Transcript (request an "unofficial" transcript from Registrar's Office)
3.	Completed Application Form	3. Completed Application Form
Name:		Date:
Street:		
City:		State: Zip:
Social S	ecurity Number:	Date of Birth:
Home Phone Number:		Cell Phone Number:
Anticipa	ted College Graduation Date from M	/CC:
Program	of Study:	
I am a:	€ Full-Time Student	€ Part-Time Student
Name of	f Scholarship:	
Student	's Career Goals:	
Student	's Community Service:	
Diagra fo	arward this application, letter of reco	mmondation and transarint to

MVCC Foundation Payne Hall – Room 220 1101 Sherman Drive Utica, NY 13501

If you should have any questions, please call (315) 792-5555.

PLEASE READ AND SIGN BELOW

I understand and agree to abide by the conditions of the MVCC Foundation guidelines for any scholarship I may receive. I agree that the MVCC Foundation reserves the right to provide the donor of my award and MVCC's College and the Office of Marketing and Communication with the information about my application. I understand that any scholarship monies awarded may be credited against my balance of any and all bills to the college. A condition of any scholarship award is contingent on my writing thank you messages to scholarship donors and attending the annual scholarship awards recognition ceremony unless I am excused in writing my the MVCC Foundation.

SIGNATURE:	DATE:	