2016-17 Mission College Scholarship Application

Students eligible to apply for Mission College Scholarships available in the 2016/17 year are:

- Graduating High School Students who will attend Mission College in 2016/17

Application Deadline: Monday, April 11th, 2016 by 6pm at the Welcome Center or by mail

Checklist

To process your application, the Mission College Financial Aid Office must have the following application components by the above deadline:

☐ Completed application form
☐ Answer Essay Questions
☐ One letter of recommendation (sealed in an envelope)
☐ Unofficial High School Transcript

Incomplete Applications will not be reviewed.

Important Notices:

1. Please, review the instructions and other valuable scholarship information found on the back of this page.

2. It is the applicant’s responsibility to ensure accurate completion of all required application components. We will not verify completion or notify applicants of incomplete or missing components prior to the application deadline.

Send completed application no later than 6PM on Monday, April 11th, 2016 to:

Mission College-Welcome Center
3000 Mission College Blvd.
Santa Clara, CA 95054

For additional information, you can send email to: mcscholarships@missioncollege.edu or visit or call the Mission College Financial Aid Office at (408) 855-5065.
Mission College (MC) Scholarships

General Eligibility Criteria

To be eligible for a MC scholarship, you must:
- Declare a major at MC.
- Have a cumulative GPA of **at least 2.50**.
- Maintain Satisfactory Academic Progress
- Have submitted a **completed** scholarship application by the stated deadline.
- Meeting minimum requirements does not ensure receipt of a scholarship.
- Some Scholarships may have a need component

Awards are selected based on information provided in each application. It’s possible for designated scholarship recipients to become ineligible to receive their award if they have a change in plans from the information they provided in their application or no longer meet the eligibility criteria for the individual award.

**Personal Essay Questions**

Type your answers in the space provided (make sure your name and MC ID # are included on all pages if any additional pages are attached) and attach it to your completed application form. These will be photocopied.

Enter your responses to each question in the space provided in 150 words or less. When writing your answers you may consider including the following:

- Most of these questions are designed for you to demonstrate your motivation, vision, and creativity. This will allow you the opportunity to communicate the qualities and abilities you most want to share with the readers.

Letter of Recommendation

**Only One** letter of Recommendation is required. You may use the attached letter of recommendation to give to your evaluator.

Helpful tips:
- Select someone who will say positive things about you and your academic achievement
- Evaluators must be a professional: dean, professor, counselor, instructor, or someone who knows you well professionally (example: boss, supervisor, minister, etc.)
- Give plenty of time for person writing letter of recommendation
- Must be returned in a sealed envelope.

Application Procedures

1. Print and complete an application from online at the Mission College Financial Aid website at: missioncollege.edu.
2. Submit the application to the Welcome Center no later than 6 PM on Monday, April 11th, 2016. No late or incomplete applications will be considered.

Selection Criteria

A committee made up of financial aid staff and others will select the recipients based on, but not limited to, the following criteria:
- Level of criteria match
- Quality of response to essay questions

Scholarship Recipients will be notified via email.

Award Disbursements

The award will be paid to the recipients during the 2016-2017 academic year. Scholarship awards will be disbursed the beginning of the term provided student meets all requirements and funds are available for disbursement*.

*subject to change
GENERAL SCHOLARSHIP APPLICATION

General Information:

Last Name: ______________________________  First Name: ______________________________

Mission College Student I.D. #: ______________________________  Other/Previous Names: ______________________________
(if you have not yet applied, please include the last four of your SSN# if applicable)

Street Address: __________________________________________

City: ______________________________  State: _______  Zip: ____________  Home Phone: ______________________________

E-mail address: ______________________________  @ ______________________________  Cell Phone: ______________________________

Gender:  Male  Female  Date of Birth: ____________  Ethnicity:  ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Other Specify: ______________________________

Marital status:
☐ Single
☐ Married
☐ Divorced or Separated
☐ Widowed

US Military Veteran: Yes  No

Check the box(es) below that apply to you (one box must be checked):
☐ U.S. Citizen
☐ Eligible Non-Citizen
☐ Foreign/International Student – Fill in the type of visa ____________
☐ AB540/Dreamer
☐ Deferred Action Recipient (DACA)
☐ Re-Entry Student (a student who has been away from school for 5 or more years)
☐ Senior Citizen (55 yrs. or older)
☐ Foster Youth (former or current)

Status at Mission College for Fall 2016:
☐ New-to Mission College for Fall 2016 or Newly graduating High School Senior

How many units will you be enrolled in at Mission College (for students transferring, indicate anticipated units at your transfer school—units must be confirmed prior to disbursement) for the Fall Semester 2016?
☐ Full-Time (12 units or more)
☐ Three-Quarters Time (9 units to 11.99 units)
☐ Half-Time (6 units to 8.99 units)
☐ Less-Than Half Time (5.99 units or less)
Educational background and goals:

High School or College: __________________________ HS Diploma or GED or Equivalent: Yes □ No □
(High school graduated and/or most recently attended college) (Month/Year)
Graduation Date: ____________

Declared Program of Study at Mission College: __________________________ (must match info. with Admissions and Records)

Educational Goal(s) (check all that apply):

☐ AA/AS ☐ AA-T/AS-T ☐ Certificate ☐ Transfer ☐ Other (specify): __________________________

Cumulative High School GPA: ________ (HS transcripts must support this GPA)

How many college units will you have completed from all colleges attended by June 30, 2016? ____________ (transcripts must support this)

Campus affiliations

Programs, clubs, leadership or community services in which you currently participate (list):

☐ __________________________

☐ __________________________

☐ __________________________

☐ __________________________

☐ __________________________

☐ __________________________

☐ __________________________

Additional information:

• For scholarships with a need based eligibility component, you must apply for need-based Financial Aid for the 2016-17 by the March 2nd, 2016 using either the FAFSA (www.fafsa.gov) or, if applicable, the Dream Act Application (www.caldreact.org). Your calculated must meet or exceed the scholarship amount available in order to be considered for need based scholarships.

• Some scholarship may require Board of Governors Eligibility (need based scholarships).

• Meeting minimum requirements does not ensure receipt of a scholarship.

Student's Release Authorization

I, __________________________, hereby authorize Mission College employees to release of any information relating to scholarship eligibility: this may include, but not limited to, my academic transcript, application and personal essay to any donors and to the scholarship committee. I understand that, if awarded, I must meet ALL individual scholarship eligibility requirements prior to disbursement of funds and authorize release of this information for publication. I certify all information provided here to be true and accurate to the best of my knowledge.

Applicants Signature: __________________________ Date: __________________________
Essay Questions:

Background: Please tell us about your background. What struggles have you faced when dealing with your education and how have you overcome them?

Insert Text Here: (150 words max)

Academic Goals: What is your current program of study? What interests you about this field? Explain the importance of (your program of study) in today’s society.

Insert Text Here: (150 words max)
**Personal statement:** Please tell us why you are most deserving of this scholarship. Why are you a good candidate to receive this award? How will winning a scholarship benefit you in achieving your career and academic goals?

Insert Text Here: (150 words max)

**Co-Curricular activities:** Describe how you have demonstrated leadership ability both in and out of school. Describe a special accomplishment that you are most proud of.

Insert Text Here: (150 words max)
Student’s Name (Please print) ____________________________________________

(Last) (First) (Initial)

Program of Study ____________________________________________________________________________

Scholarships are awarded on the basis of academic excellence, of promise of achievement, and, in some instances, on financial need. The applicant should seek recommendations from EVALUATORS who can evaluate their promise of academic achievement. **Evaluators must be a dean, professor, counselor, instructor, or someone who knows you well professionally (example: boss, supervisor, minister, etc.).**

**Evaluators, Please Note:**
This recommendation should be put into a sealed envelope and given back to the student. If you do not want to complete this recommendation form, please advise the student to select another person.

*Please return to student in time to meet the Monday, April 11th, 2016 deadline.*

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Additional remarks and general information concerning the applicant’s qualifications. (Please print or type):

_________________________________________________________________________________________

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Evaluator’s Name (Please print) __________________________________________

(Last) (First) (Initial)

Evaluator’s Relationship to Student: _____________________________________________

Evaluator’s Signature ___________________________________________ Date __________________________

**Reminder: Please return form to student in a SEALED envelope.**