

H. E. HENDRIX SCHOLARSHIP

MESA COMMUNITY COLLEGE

APPLICATION FORM

Name _____
(Please print or type) LAST FIRST MIDDLE

Home Address _____
NUMBER AND STREET

CITY STATE ZIP CODE TELEPHONE

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____
MONTH DAY YEAR

County of Residency _____ E-mail Address _____

Citizenship: US Citizen Eligible Non-Citizen

Name of High School _____ GRADUATION DATE _____

The following information is used for reporting requirements and is voluntary:

Gender: Male Female

Are you a single parent? Yes No Number of Dependent Children _____

Are you involved in any extracurricular activities at MCC or within the community? Yes No

College Major (be specific) _____

Career choice after college graduation _____

Have you attended any other college(s)? Yes No

I certify that the information provided is correct to the best of my knowledge. By signing below, I authorize the release of academic and financial information to scholarship donors associated with the MCC Student Financial Services Office and/or any other educational entity for consideration of awards.

Applicant Signature _____ Date _____

Financial Aid Use Only:

Date Received _____ Reviewed by _____

High School GPA _____ MCC GPA _____ Hours Enrolled _____ Hours Earned _____