

2012-2013 John T. Smith Minority Scholarship For Kentucky Residents Scholarship Application



Priority Application Deadline: April 1, 2012

Scholarship Requirements

- Please file for admission to Ashland Community and Technical College.
- Complete the Free Application for Federal Student Aid for the year in which you are pursuing scholarship funds. Federal School Code: 001990.
- Student must be seeking a degree at ACTC and be making Satisfactory Academic Progress toward that degree.
- Student cannot have another tuition source like outside scholarships, Voc Rehab, WIA, tuition waivers, or other internal scholarships.
- Although answering any item on this form is optional, you will be considered for every available award only if all questions are completed.
- **Attach a 100 – 200 word typed statement on how ACTC scholarship funds will assist with your educational plans.**

Last Name	First Name	MI	Social Security Number		
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Street Address	City	County	State	Zip
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Date of Birth	US Citizen (Yes or No)
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Telephone Number:	Day	Evening	Alternate (Cell)
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High School	County	Graduation Date	G.E.D. Date
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High School GPA	Top 10% of HS Class (Yes or No)	ACT Comp. Score	Intended College Major
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Current Employer (if employed)	Hours Worked Per Week	Past Employer
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Please list any extra or co-curricular activities: _____

Please list any community service activities: _____

ACTC/KCTCS is an equal opportunity employer and education institution.

ashland.kctcs.edu

1400 College Drive • Ashland, KY 41101 • (606) 326-2000 • (800) 928-4256 • Fax (606) 326-2192

KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM

Specific Information: (Criteria as Established by Scholarship)

- Spouse/Son/Daughter of an ACTC employee
- Son/Daughter of a Disabled Veteran
- Accounting Major or Business Major
- Health-Related Major
- Single Parent
- Disabled Student

Please Check Each Statement, Sign, and Date Application

- I am an African-American Student. (Required for Smith Scholarship)
- I am a Kentucky resident. Length of time lived in Kentucky _____
- I give the ACTC Scholarship Committee/Office of Financial Aid permission to review the information provided here and in my admission file for the awarding of scholarships and preventing over-award.
- I understand that when added to other sources of aid, the amount of scholarship awards may not exceed the total annual budget of the school's cost of attendance as determined by the Office of Financial Aid.
- I understand that I may receive only one scholarship from ACTC funds to pay my tuition and/or that this award will not be made if I have other tuition sources.

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Applicant's Signature _____ Date _____

HIGH SCHOOL COUNSELOR: PLEASE CERTIFY THE FOLLOWING AND SIGN THIS APPLICATION.

Student's ACT Composite Score As Of 12/2011 _____ (composite of 18 or above required)

Student's Cumulative High School Grade Point Average As Of 12/2011 _____ (3.0 or higher on 4.0 scale required)

Student's Class Rank As Of 12/2011 Number _____ of _____ (Total Class Size)

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High School Counselor's Signature _____ Date _____

RETURN COMPLETED APPLICATION BY THE DEADLINE TO:

ACTC Scholarship Committee
Attn: Willie McCullough
1400 College Drive
Ashland, KY 41101

FOR OFFICE USE ONLY

Date Received: _____ Admission File Complete _____ FAFSA _____