



925 West Edenborne Parkway • P. O. Box 2367 • Gonzales • LA • 70707
(225) 743-8500 • www.rpcc.edu

SCHOLARSHIP APPLICATION 2016-2017 ACADEMIC YEAR

- Students **MUST** meet the minimum GPA requirement (Academic Programs 2.5 -Technical Programs 2.0)
- Students **MUST** apply for the 2016-2017 Federal Student Aid Application (FAFSA) <https://fafsa.ed.gov/>
- Students **MUST** submit two letters of recommendation (at least one from a recent teacher or employer)
- Students **MUST** be enrolled at least half-time (6 credit hours)

Date of Application: _____ Semester (choose one): Fall Spring

Full Name: _____ LOLA #: _____

Address: _____
Street City State Zip

Telephone: _____ E-mail address: _____ Date of Birth: _____

H. S. Graduation Date or GED Date: _____ High School: _____

Program of Study at RPCC: _____ Expected Graduation Date: _____

List any academic achievements:

List any extracurricular activities, club memberships, and leadership positions including high school, college, volunteer, and community:

Please list any extenuating circumstances that might affect you and/or your family's ability to help pay for school:

RPCC enrollment status: First Time student Currently Enrolled at RPCC Transfer Student

As a First Time student (high school graduating seniors), I have attached a copy of my High School transcript.

Priority Deadlines: Fall applicants **July 15** OR Spring applicants: **December 15**

I hereby certify that the information submitted in this application is true, correct, and complete to the best of my knowledge. I authorize River Parishes Community College to release information contained in this application (including academic records and personal biographical information) to the awarding scholarship committee and agencies/donors providing for this scholarship. In addition, I authorize River Parishes Community College to access my electronic academic record. I also authorize RPCC or the RPCC Foundation to use my name, photograph and background information for news and promotional publications. The number of scholarship applications received could greatly exceed the amount of available funding. I understand that filling out this form does not guarantee that I will receive a scholarship. In addition, any debts owed to River Parishes Community College must be paid prior to the disbursement of scholarship funds.

Signature: _____ Date: _____

FOR OFFICE USE ONLY			
ACT Score: _____		High School GPA: _____	
College Hrs. Attempted: _____		College Hrs. Earned: _____ Overall RPCC GPA: _____	
FAFSA Completed? _____		Letters of Recommendation? _____	
Enrollment Status: _____		Other Financial Assistance? _____	
Type: _____	Amount: _____	Type: _____	Amount: _____
Type: _____	Amount: _____	Type: _____	Amount: _____