



## 2012-2013 Scholarship Application

Complete and return this form to the Office of Student Financial Aid. Your application will be reviewed by the scholarship committee.  
**You must reapply each academic year for scholarships.**

### **Preferred Application Date – March 1**

*Applications received after March 1<sup>st</sup> will be reviewed*

- Contact the Athletic office for athletic scholarship requirements.
- Contact the Activity sponsor for activity scholarship requirements. (i.e. music, journalism, theatre, etc.)
- Contact the Office of Student Financial Aid for academic scholarships (i.e. Academic Excellence, Deans, Presidential, Salutatorian, Valedictorian) and Foundation scholarship information.
- Contact the Nursing Department for nursing scholarship requirements.
- You must fill out a Free Application for Federal Student Aid (FAFSA) to receive federal financial aid and state scholarships.

### Please Print or Type

1. Legal Name \_\_\_\_\_  
Last First Middle (other names used)

2. Birth Date \_\_\_\_\_ 3. Date Received or Will Receive High School Diploma or GED (MM/YY) \_\_\_\_\_

4. \_\_\_\_\_  
Local Telephone Permanent Phone (include area code)

5. \_\_\_\_\_  
Permanent Address City State Zip

\_\_\_\_\_ County and State of Legal Residence Country of Legal Residence

6. List All High Schools Attended	City	State	Dates Attended	Graduated
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No

7. List All Colleges Attended	City	State	Dates Attended	Graduated
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No

8. Check this box if you have not attended college, or only attended Butler since earning your High School Diploma or GED

9. List organizations you have participated in and any special honors you received in high school, college or through community involvement. Feel free to attach an additional sheet if needed.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Last Name First Name M.I.

Example: @00111111 or Z00011111  
or Social Security Number if Butler Student ID is Not Established

Please check all boxes that apply to you:

- Butler Alumni Student Ambassador
Butler Operational Staff
Camp Butler 2000 Graduate
Dependent of a Butler Alumni (Parent/Grandparents)
Dependent of a Butler Operational Staff
Dependent of a Veteran
I will work at least 8 hours per week off-campus while attending Butler
I am a 'Single Parent' with dependents receiving more than half of their support from me
Home School
Member of Butler Campus Crusade
Member of Butler Student Senate
Non-Traditional Student
Salutatorian
Valedictorian

The following information will be shared with the Butler Community College Foundation and includes: the data contained on this scholarship application, academic records, your financial aid expected family contribution, and other award information. By signing this scholarship application, I acknowledge and release all information associated with my application to the Butler Community College Foundation.

I understand that I must be enrolled in a minimum of 12 hours of credit each semester (exception: students admitted to the Nursing program and part-time Butler Foundation scholarship recipients). I understand my scholarship may be revoked if I do not maintain at least a 3.0 GPA and complete 12 credits hours each semester. Submitting a scholarship application does not guarantee a scholarship award.

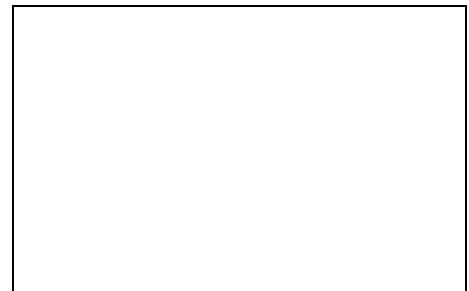
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any athlete receiving an athletic scholarship: If receiving an additional academic scholarship per Kansas Jayhawk conference rules will be required to have a final high school overall GPA of 3.5 or greater to receive an award and maintain at least a 3.5 overall GPA to have a scholarship renewed each semester.

Entering First Year Student:

GPA for a graduating high school senior must include at least 6 semesters, be verified by a high school official signature, and include the school seal. \*\*

Overall GPA (Unweighted) A = 4.00 \_\_\_\_\_ Number of Semesters Included in GPA \_\_\_\_\_
Rank in Graduating Class \_\_\_\_\_
Number in Class \_\_\_\_\_ (The GPA cannot be rounded up and must be accurate to 2 decimal places.)
ACT Composite Test Score \_\_\_\_\_



Name of High School \_\_\_\_\_

High School Seal

Accredited by (please list organization) \_\_\_\_\_

High School Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

High School Telephone Number \_\_\_\_\_

Verification by: \_\_\_\_\_ Signature of counselor, registrar, or other school official \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

\*\* If the information provided above changes, please contact our office before the first day of classes. Changes in your ACT or High School GPA prior to your first semester of your freshman year could increase your eligibility to receive a scholarship.

PHONE: 316.218.6260
FAX: 316.733.6240
e-mail: finaidmail@butlercc.edu

Return This Form To:
Office of Student Financial Aid
Butler Community College
1810 North Andover Road
Andover, KS 67002

Certain scholarships are based on financial need. In order to determine eligibility for these scholarships, as well as federal aid you must complete the Free Application for Federal Student Aid which can be found at www.fafsa.ed.gov.