Isothermal Community College
Office of Financial Aid

Lee L. Powers Merit Scholarship Application

To be considered for the Powers Merit Scholarship, please complete the following;

- ***Lee L. Powers Merit Scholarship application***
- ***Two recommendation forms***
- ***An unofficial copy of your high school transcript***

Name: _____ Last four digits SSN: XXX-XX- _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Home - _____ Cell - _____

County of Residence: _____ Date of Birth: _____

High School Attended: _____ Graduation Date: _____

College Major _____

All information will be held in strict confidence. It will be made available only to the appropriate officials who may be included in scholarship awarding. A high school transcript will be needed to complete your scholarship application. Please sign below to authorize the release of this information.

I authorize the release of my high school transcript to the appropriate officials for the purpose of scholarship selection. If awarded the scholarship, I further authorize the release of academic college transcripts to the scholarship donor each semester.

By signing this application, I certify that all the information reported is complete and correct. I understand that purposely giving false or misleading information will result in the loss of the scholarship and could require previous funding to be repaid to the Powers Merit Scholarship Fund.

Please complete the next page.

_____ _____

Applicant's Signature Date

Must return to Financial Aid Office by **April 1** to be considered for this scholarship.

Date Received _____

Lee L. Powers Merit Scholarship Application

Please write a statement of why you would be a good candidate for this scholarship and your educational goals for attending Isothermal Community College.

Date Received _____

RECOMMENDATION FOR LEE L. POWERS MERIT SCHOLARSHIP

To the applicant:

Complete the information in this section, then forward it with a preaddressed and stamped "Recommendation" envelope to the person who is recommending you for the scholarship.

Name _____

Last *First* *Middle Initial*

Address Street address/ PO Box _____

City_____ County _____ State _____ Zip _____

Telephone Home _____ Work _____

Degree sought _____

The Family Educational Rights and Privacy Act of 1974 provides you access to any letters of recommendation written about you, but the Financial Aid Office of Isothermal Community College believe that letters submitted in confidence carry greater weight and suggest that you waive your right of access to this letter of recommendation.

I hereby ☐ **waive** ☐ **do not waive** my right of access to this letter of recommendation.

Applicant's Signature _____ Date _____

To the person completing this recommendation:

You are requested to complete this form and return it to the applicant in the enclosed, preaddressed envelope. The applicant will submit it to us with the seal unbroken. No decision to award a scholarship for this student can be made until this form is received.

Name _____ Position _____

Employer _____ Address_____

How long have you known the applicant? _____

In what capacity?

_____

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion.

	Superior (Top 10%)	Above Average (Top 25%)	Average	Below Average	Inadequate opportunity to observe
Scholastic ability	☐	☐	☐	☐	☐
Communication skills	☐	☐	☐	☐	☐
Self-reliance	☐	☐	☐	☐	☐
Motivation	☐	☐	☐	☐	☐
Leadership skills	☐	☐	☐	☐	☐

Recommend for scholarship? ☐ Strongly recommend ☐ Recommend ☐ Recommend with reservation ☐ Do not recommend

*Please use the back of this form to write comments regarding the applicant's character and citizenship in order to assist with the selection process.

Signature _____ Date _____

Must return to Financial Aid Office by **April 1** to be considered for this scholarship.

Date Received _____

RECOMMENDATION FOR SCHOLARSHIP

Isothermal Community College
PO Box 804
Spindale, NC 28160

Must return to Financial Aid Office by **April 1** to be considered for this scholarship.

Date Received _____

_____

ISOTHERMAL COMMUNITY COLLEGE

RECOMMENDATION FOR LEE L. POWERS MERIT SCHOLARSHIP

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Address Street address/ PO Box _____

City_____ County _____ State _____ Zip _____

Telephone Home _____ Work _____

Degree sought _____

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Communication skills	☐	☐	☐	☐	☐
Self-reliance	☐	☐	☐	☐	☐
Motivation	☐	☐	☐	☐	☐
Leadership skills	☐	☐	☐	☐	☐

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