



Working Student Scholarship Application

Full Time Employees of Richmond Community College ARE NOT Eligible for this Scholarship

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Social Security Number: _____

Student Information

Number of credit hours to be carried in the fall semester: _____
 Number of credit hours to be carried in the spring semester: _____
 Number of credit hours to be carried in the summer semester: _____
 Major: _____
 Cumulative GPA: _____
 Have you ever received the Working Scholarship in the past? _____ If yes, when was Working Scholarship received? _____

 Applicant's Signature _____ Date _____

To Be Filled Out By The Employer of Student or Family Member Each Semester

Place of Work: _____
 Address: _____

 Nature of work: _____
 Is this student employed by you or your company? _____
 If no, please indicate the name of the family member of the student that is employed with your company: _____

 Employed from: _____ Month _____ Day _____ Year
 Average hours of work per week: _____

I certify the above information to be accurate

Employers name: _____ Phone Number: _____
 Employers Signature: _____ Date: _____

Students can submit this application to Richmond Community College, Financial Aid Office, P.O. Box 1189, Hamlet, NC 28345