



# 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: \_\_\_\_\_

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