



Serving Richmond and Scotland Counties

Working Student Scholarship Application

Full-time employees of RichmondCC are NOT eligible for this scholarship

Applicant Information

Full Name: _____
First M.I. Last

Address: _____
Street Address

_____ *City State ZIP*

Phone: _____ Social Security Number: _____

Employment Information

Please include your most recent pay stub

Employee: _____ If not student, state relationship: _____

Employer: _____

Address: _____

I understand my eligibility for the Working Student Scholarship is dependent upon meeting Satisfactory Academic Progress and my enrollment status (half-time, three-fourth time, or full-time).

Applicant Signature: _____ Date: _____

Students can return application to the campus
Financial Aid Office or mail in the application to:

Richmond Community College
Financial Aid Office
PO Box 1189
Hamlet NC 28345