HUDSON VALLEY COMMUNITY COLLEGE SCHOLARSHIP APPLICATION FOR STUDENTS ENROLLED IN THE COLLEGE IN THE HIGH SCHOOL

To receive consideration, all applications must be signed by a high school official certifying eligibility of the student.

Name:				
Address:	Street Address		Village/	Town/City
	State	Zip	County	
Email:		Telephone Number:		
HVCC ID# or SSN:				
Applicant's Signature:			Date	
High School Attending:				
scholarships, including my Grad	de Point Average, Federal App inancial Aid Office. I hereby au	oundation Scholarship Committee and donors r oplication for Student Aid and, in the case of into outhorize the review of these records for such pu	ernational students, a Financial Need	s Assessment form which should b
		bout me that has made me eligible for this scho on and the scholarship award.	larship in any articles, press releases	or other publications about
		es or other publications. provided is true and accurate. I understand that	Foundation policy states that student	s found to have falsified information
		SCHOLARSHIP DEADLI HIGH SCHOOL STUDEN plications must be received no October 25, 2023	NTS: Dater than:	
if nand-delivered, s	cholarship applications m	nust be received by 4 p.m. on the day they	are due. Incomplete application:	s will not be considered.
NACEP		ARSHIP APPLICATIO ED BY A SCHOOL O cihs@hvcc.edu	FFICIAL TO:	Hudson Walley Community College
Signature of Official Cer for Federal Free Lunch P			Date	

Hudson Valley Community College does not discriminate on the basis of age, gender, race or ethnicity, national origin, religion, disabling condition, marital status or sexual orientation. If you have a disability and require any reasonable accommodations, or an interpreter, please contact the Center for Access and Assistive Technology at (518) 629-7154 or TDD (518) 629-7596.

Print Name/Title



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