

Name: _____
Last First Middle

Jackie Hartman Memorial Scholarship
Fall 2009 Scholarship Application
Applications must be complete and received by Wednesday, Nov. 4, 2009

Maricopa Student ID: _____

Address: _____
Street City State Zip

Telephone: _____ E-mail: _____

What college are you attending: _____

Application Requirements / Checklist
(Incomplete or unreadable applications will not be considered for scholarships)

Completed

- My unofficial transcripts are attached to this application
- I am a Block IV Nursing student
- I have a 3.0 or better cumulative GPA
- I am enrolled in 10 or more hours

Attach a separate sheet with your personal statements regarding each of the following (300 – 500 words).

1. Who or what was most influential in encouraging you to go to college to pursue a nursing degree?
2. Please describe a community service activity, (past or present), that is important to you and why.
3. Please describe yourself to the donor (personal, professional, passions).

Please submit your application to Mesa Community College, Office of Development, Kirk Student Center, 1833 W. Southern Ave., Mesa, AZ 85202
For initial scholarship consideration, your application is based on the date received and does not constitute a guarantee of award. I certify that the information provided is accurate and correct to the best of my knowledge. I authorize the Maricopa Community Colleges to release academic, financial, and/or any other necessary information to the donor and/or the Maricopa Community Colleges Foundation, as such entity may require.

I authorize the Maricopa Community Colleges (including its colleges and related entities) to photograph me and to use the photographs for educational or promotional purposes in any type of media. The photographs may not be used for profit without my express permission. I also authorize the Maricopa Community Colleges (including its colleges and related entities) to use excerpts from my essays or thank you letters for educational or promotional purposes in any type of media. I understand that I will not be paid or rewarded for providing this authorization.

Signature: _____ Date: _____

For Office Use Only

Cumulative GPA: _____

MCC Hours Earned _____

F.A. awards: Grants _____
Scholarships _____

FAFSA EFC _____

Loans _____



A Maricopa Community College. The Maricopa Community College District is an EEO/AA Institution.