

# *Northeast Alabama Community College*

## **Exxon Book Grant Application**

Fall Semester 2010 Book Grant for Current NACC Students

For which semester are you applying? ( ) Fall ( ) Spring ( ) Summer YEAR \_\_\_\_\_

DATE: \_\_\_\_\_ Student Number: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(PO Box/Street) (City) (State) (Zip Code)

PHONE NUMBERS: \_\_\_\_\_  
(Home) (Work)

What is your major/program of study? \_\_\_\_\_

Year of High School/GED Graduation: \_\_\_\_\_

Have you previously attended Northeast? ( ) YES ( ) NO

Have you attended any other colleges? ( ) YES ( ) NO

If yes, please list college(s) and date(s) \_\_\_\_\_  
\_\_\_\_\_

Have you previously received a scholarship to Northeast? ( ) YES ( ) NO

If yes, what type? \_\_\_\_\_ What semester/year? \_\_\_\_\_

Do you receive a Pell Grant? ( ) YES ( ) NO

Do you receive a Student Loan? ( ) YES ( ) NO

\*\*This scholarship could reduce the money available to you through the student loan program.\*\*

What is your current Northeast GPA? \_\_\_\_\_

In the space below, please identify why you are applying for this scholarship and give any information that would help the scholarship committee make a decision.

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I certify that the information I have given above is true and correct to the best of my knowledge.

SIGNATURE \_\_\_\_\_

**\*\*\*\*\*PLEASE SEE REVERSE SIDE\*\*\*\*\***

# APPLICANT REFERENCE SHEET

NAME OF SCHOLARSHIP APPLICANT: \_\_\_\_\_

The individual named above is applying for the Exxon Book Grant to Northeast Alabama Community College. Based upon your knowledge of the applicant's personal and academic qualifications, and potential for success at NACC, please complete the following items. Your appraisal of the scholarship applicant will be beneficial in the selection process. We appreciate your participation.

CHARACTERISTICS	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
ACADEMIC ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COOPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUDGMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POTENTIAL FOR SUCCESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUALITY OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: (Please Print)

**\*Please return this reference form and application to Greg Millican's mailbox in the Wallace mailroom, or in person to him in office MS123, by Thursday, July 15, 2010. Thank you.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Person recommending scholarship applicant and relationship (teacher or counselor) to applicant.