



Housatonic Community College Ophthalmic Assistant Program Scholarship Application

Today's Date

HCC Banner ID

Full Name

Address

City

State

Zip

Phone *(Mobile or Home)*

Work Phone

Personal Email

Student Email

List your degrees and/or certificates

Do you currently attend HCC? Yes No

What is your GPA?

Have You Attended HCC in the past? Yes No

If Yes, What did you study/Major?

Are you the head of Household? Yes No

Number of dependents claimed

Adjusted Gross Income on Taxes

Your Age

Work Status

Number of Hours Worked a Week

Please write the name and number of a personal reference who would recommend you for this program.

Reference Name

Reference Number

Why do you think you are a good candidate for this scholarship? (500 words or less)

Is there something specific you would like us to know? (100 words or less)

Do you have any questions or concerns?

I confirm that information I entered above is accurate and my application is complete.

Save the file as a PDF with your name (*JaneDoe.pdf*). Attach the saved document your email, then email the application to:

Rosalee Creighton-Fuller at RCreighton-Fuller@hcc.comnet.edu

Type "**Ophthalmic Scholarship**" in the email subject line.