



## SCHOLARSHIP APPLICATION INSTRUCTIONS

Applicants must be a Regular Full-Time Plan B or Regular Part-Time Plan C employee of Delaware Technical & Community College, Stanton/Wilmington Campus. The employee's current pay grade must be between B01 – B15 or C01-C15. The applicant must be enrolled at an accredited institution of higher education (i.e. College, University, or training program) as a part-time or full-time student in the semester for which the scholarship is requested.

The scholarship is open to any Plan B or C staff member (described above) from the Stanton or Wilmington Campus that is in good standing at their enrolled institution. Eligible staff must be an active employee at the time of application for one continuous year, as well as at the time of scholarship disbursement. Previous recipients are eligible to apply; however, first-time applicants will receive preference. Awards are based on financial need, and are determined by the Staff Senate Scholarship Committee.

1. **Staff Senate Scholarship Application form** is to be completed by applicant. Please type or print clearly. All information provided on this application will be considered by the Staff Senate Scholarship Committee to determine award recipients. Be sure to include information such as the amount of scholarship requested, future career goals, personal statement (any pertinent information about yourself), and a basis for need explanation. You must answer all questions. Incomplete applications will not be considered.
2. **Staff Scholarship Consent form** is part of the application process, and must be filled out and signed in order to be considered for a scholarship.
3. Return completed application with attachments by **December 18, 2009**

To: Ms. Sandy Hinish  
Attn: Intake, Staff Senate Scholarship Committee  
Room: A146, Stanton Campus  
Email: [shinish@dtcc.edu](mailto:shinish@dtcc.edu)  
Phone: 453-3776



# SCHOLARSHIP APPLICATION

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**APPLICANT INFORMATION:**

NAME (Last, First, MI) \_\_\_\_\_

EMPLOYEE ID# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

TITLE: \_\_\_\_\_ PAY GRADE: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

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**ACADEMIC INFORMATION:**

NAME OF INSTITUTION APPLICANT IS CURRENTLY ENROLLED IN \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAJOR/OR AREA OF INTEREST \_\_\_\_\_

I AM SEEKING (check one):

Associates degree \_\_\_\_\_

Bachelor's degree \_\_\_\_\_

Masters degree \_\_\_\_\_

Other (specify) \_\_\_\_\_

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**SIGNATURE:**

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

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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Name \_\_\_\_\_ Employee ID# \_\_\_\_\_  
Last First MI

Scholarship Amount Requested: \$ \_\_\_\_\_

**Career Goals** (Please use this space to tell us how this scholarship will assist you in obtaining your career goals.)

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**Personal Statement** (Please use this space to describe your professional aspirations. Include experiences that have been important in clarifying or confirming your career goals and information that shows your dedication and motivation to complete those goals.)

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**Basis for Need** (Please use this space to describe challenges or obstacles in obtaining your goal which should be considered by the Committee.)

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applications must be submitted to the Staff Senate Scholarship Committee by **December 18, 2009** for consideration for Spring Semester, 2010. Send attention: Sandy Hinish, SS Scholarship Committee, Room A146 Stanton Campus.



**Staff Senate Scholarship Consent Form\***  
**For Employees of**  
**Delaware Technical & Community College**

I hereby give The Staff Senate Scholarship Committee permission to verify that a minimum of one year continuous employment has been attained. If I decline to give permission for the verification of employment, the application will not be processed for scholarship consideration.

***(Mandatory - Please check box and sign below for consent)***

If selected, I understand that as a condition of award, I may be required to produce documentation such as receipts, verification of enrollment, or a transcript before I can receive funds disbursed from the Staff Senate.

***(Mandatory - Please check box and sign below for consent)***

If selected, I hereby give consent to the Staff Senate to use my name as an award recipient in publications relating to Staff Senate activities.

***(Optional ~ not required for consideration of award)***

I understand that the application materials will be held in the Staff Senate files for one year and will then be destroyed.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employee ID #

**\*Your application for the Staff Senate Scholarship cannot be considered complete without this signed waiver.**