

# H. E. HENDRIX SCHOLARSHIP

## MESA COMMUNITY COLLEGE

APPLICATION FORM

Name \_\_\_\_\_  
(Please print or type) LAST FIRST MIDDLE

Home Address \_\_\_\_\_  
NUMBER AND STREET

CITY STATE ZIP CODE TELEPHONE

Student ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MONTH DAY YEAR

County of Residency \_\_\_\_\_ E-mail Address \_\_\_\_\_

Citizenship:  US Citizen  Eligible Non-Citizen

Name of High School \_\_\_\_\_  
GRADUATION DATE

*The following information is used for reporting requirements and is voluntary:*

Gender:  Male  Female

Are you a single parent?  Yes  No Number of Dependent Children \_\_\_\_\_

Are you involved in any extracurricular activities at MCC or within the community?  Yes  No

College Major (be specific) \_\_\_\_\_

Career choice after college graduation \_\_\_\_\_

Have you attended any other college(s)?  Yes  No

*I certify that the information provided is correct to the best of my knowledge. By signing below, I authorize the release of academic and financial information to scholarship donors associated with the MCC Student Financial Services Office and/or any other educational entity for consideration of awards.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Financial Aid Use Only:

Date Received \_\_\_\_\_ Reviewed by \_\_\_\_\_

High School GPA \_\_\_\_\_ MCC GPA \_\_\_\_\_ Hours Enrolled \_\_\_\_\_ Hours Earned \_\_\_\_\_