

DORRANCE SCHOLARSHIP PROGRAMS

Providing academic and financial support to Maricopa County's adult re-entry students



Maricopa Community Colleges Scholarship

About the Scholarship Program:

The Dorrance Maricopa Community Colleges Scholarship was established to provide financial assistance to single parents who are sole providers for their family and who are continuing their education after an interruption of one year or longer. Scholarship awards are for one year of study at South Mountain Community College and are renewable. Applicants must meet **all** eligibility criteria to apply.

Eligibility:

- Currently registered for classes at South Mountain Community College.
- Have a Consortium Agreement on file if attending classes at more than one Maricopa Community Colleges campus.
- Demonstrate financial need as exhibited by the FAFSA.
- Single parent who is the sole provider of his/her family, returning to school for additional education after an absence of one year or more.
- Earn a minimum 2.75 cumulative GPA.
- Pursuing an Associate's Degree or an approved program of specialization.
- Demonstrate evidence of motivation and potential for higher education.

Award:

Up to \$4,000 annually, for a maximum of 6 semesters

Note: If you apply for, are awarded and accept this scholarship, it may affect your eligibility for Government Assistance.

Renewal Criteria:

The scholarship is renewable each semester (for a maximum of three years) contingent on the following:

- Attend the Dorrance scholar orientation at the beginning of each academic year.
- Meet with the Dorrance Advisor at the beginning of the each semester to review all scholarship requirements.
- Meet with the Dorrance Advisor monthly during the semester at the *Advisor's* discretion.
- Complete a minimum of 18 credit hours within the academic year (fall and spring semesters).
- Submit to the Dorrance Advisor a one page end of year report by May 1st.
- Submit to the Dorrance Advisor a completed renewal form by May 1st.
- Maintain a minimum 2.75 cumulative GPA.
- Complete a minimum of 12 volunteer hours per academic year.
- *In addition to any other terms and conditions, the number and amount of all Arizona Community Foundation scholarship awards and renewals is contingent on the availability of funding.*

Application Process:

Please contact the Dorrance Advisor at South Mountain Community College for an application packet. You may also find a printable version online at www.dorrancescholarship.org. Completed applications are turned into the Dorrance Advisor, not the Arizona Community Foundation.

South Mountain: Christopher Erran, christopher.erran@smcmail.maricopa.edu or 602.305.5607

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Application Check List and Cover Sheet

(INCOMPLETE PACKETS WILL NOT BE CONSIDERED)

Name _____

Social Security Number _____

School ID Number _____

Reminder, before you can submit your application packet you must have:

- 1. Submitted your FAFSA (www.fafsa.ed.gov/).
- 2. Be enrolled for a minimum of 9 credit hours for the upcoming semester.
- 3. Requested one letter of recommendation.
- 4. Requested your official transcript. **An explanation of all "W" on your transcript is required.**
- 5. Filed a Consortium Agreement if you are enrolled at more than one Maricopa Community Colleges campus. **Include a copy of this agreement in your application packet.**

My application is complete and contains the following:

- This check list and cover sheet.
- Student Aid Report (SAR), generated by the FAFSA.
- One (1) letter of recommendation with the Letter of Recommendation Form.
- If you have completed classes at the Maricopa Community Colleges (or another post-secondary institution) in the past 3 years, please submit an official transcript from that institution.
- Completed application.

Certification and Signatures:

I certify that:

- I meet the eligibility requirements for this scholarship.
- The application packet is complete. **Failure to include all of the above documents constitutes an incomplete application.**
- The information on the application is true and accurate to the best of my knowledge.
- The personal statement I submitted is my original work.
- Furthermore, I authorize my educational institution(s) to release academic, financial and/or other necessary information as required by the donor and/or the Arizona Community Foundation.

Student Signature _____

Date _____

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Application

Application Deadline: May 1st

Instructions: The selection of scholarship recipients is influenced by the completeness of replies. However, limit your answers to the space provided and type or write using black ink. In all cases, **do not use a font size smaller than Times 12 point**. Failure to answer all questions may constitute an "incomplete" status and render you ineligible.

A. The Applicant

Legal Name in Full _____

Permanent Home Address _____

P.O. Box/Rural Route or Number Street

City

State

Zip Code

E-mail Address _____ Home Telephone (____) _____

Cell Phone (____) _____ Work Phone (____) _____

Date of Birth _____ Social Security No. _____ - _____ - _____ Gender Female Male

Ethnic Background (Optional) _____

B. About Your Family

Are you currently Married Single Divorced Separated Widowed Partnered?

Do you have children? Yes No

Please list the names and ages of any children that rely on you as their sole means of support.

Names

Ages

Are you receiving any form of Government Assistance? Yes No

If yes, what type? _____

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C. Your Educational Background

Are you the first generation to attend college (neither of your parents holds a 4-yr. degree)? Yes No

List any Maricopa Community Colleges Campuses other than South Mountain where you are currently enrolled.

If you are concurrently enrolled, have you filed a Consortium Agreement? Yes No

Associate's Degree or Program of Specialization _____

Anticipated Date of Graduation/Program completion from Maricopa Community Colleges _____

List any advanced or special courses, dual enrollment, certifications, workshops or summer courses you have taken *that are not reflected on your Maricopa Community Colleges transcript*. List the most recent courses or programs first.

Course or Program	Name of Institution	City/State	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Employment

Current Employer _____

Name of Supervisor _____ Supervisor's Phone _____

Employer's Address _____
P.O. Box/Rural Route or Number Street _____

City _____ State _____ Zip Code _____

Length of Time Employed with the Current Employer _____ Part-Time Full-Time

E. Community Service Activities

List Recent Community Involvement/Volunteer Work

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F. Personal Statement

Discuss your educational and career goals.

Limit your response to 500 words. Statement must be typed. Give considerable thought to the quality, clarity and sincerity of your writing as it will weigh heavily in the selection committee's decision. The statement must be your original work.

SAMPLE

