



BALTIMORE CITY COMMUNITY COLLEGE
OFFICE OF STUDENT FINANCIAL AID

SCHOLARSHIP REQUEST FORM

(All Applicants must be a Baltimore City Resident)

*Instructions: **Please Print:** If all information is not completed in full, it may delay the processing. Once you have completed the application, please return the form to the Office of Student Financial Aid. Please allow at least seven calendar days for processing. (The Financial Aid Office will not increase award if you add classes). **You must have a valid declared major and be pursuing a degree or certificate at BCCC. (initial) _____***

Student's 9 Digit ID # _____ E-mail _____

First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone # _____ Work Telephone # _____

Are you a Baltimore City Resident? _____

Have you completed a FAFSA for the current academic school year? _____

Circle one: Fall Semester Spring Semester (No Summer Awards made)

Total Amount Requested \$ _____ (You must attach your class schedule)

I have applied for a Baltimore City Community College Scholarship. I understand that I must meet the following criteria: be a Baltimore city resident; must have a minimum 2.0 GPA; have a completed FAFSA on file; and have completed all requirements of the financial aid application process. Scholarships funds can only be use it for tuition and fees cost not cover by other financial aid, Pell, SSI Wavier, or other types of scholarships awards. (You cannot receive a BCCC Scholarship/Book Award as a refund) The Student Schedule/Bill Inquiry must be attached to the submitted BCCC Scholarship application. You may check your status on the student portal. *If the student decreases credit hours, the student will owe money back to BCCC.*

BCCC SCHOLARSHIP AGREEMENT

I understand once ALL grades for the _____ semester are recorded and my GPA falls below 2.0 this scholarship will be cancelled, and I will be responsible for paying the tuition and fees that occur. I also understand that my classes will be dropped by the fee payment deadline date.

Signature: _____ Date: _____

Office Use Only:

City resident _____ Completed FAFSA _____ EFC _____ NEED _____

Tuition/Fees _____ F.A. Award \$ _____

GPA _____ # of credits _____

Approved: _____ **Amount:** _____ **Date:** _____

Declined: _____ **Date:** _____

Processor's Signature: _____