



2009-2010 Scholarship Application

To apply for a scholarship from the Roxbury Community College Foundation complete the requested information herein and return to the Foundation Office, Room 210, in the Administration Building; 1234 Columbus Avenue, Roxbury Crossing, Massachusetts 02120.

The Deadline to apply for scholarships /awards to be paid in the Fall Semester 2009 is Monday, April 13, 2009.

Name _____
Last First Middle Initial

Student ID Number Semester being applied for (indicate Fall or Spring)

Address _____
Street Apartment Number

City State Zip Code

E-mail Address Phone Number - -

Major Total Credits Earned To Date Grade Point Average

From the Scholarship listing below, select the one (**ONLY ONE**) for which you are applying:

- | | | |
|--|---|---|
| <input type="checkbox"/> Deans/Department Scholarship | <input type="checkbox"/> ESL Scholarship | <input type="checkbox"/> Transitional Housing Scholarship |
| <input type="checkbox"/> Honors Program Scholarship | <input type="checkbox"/> International Student Scholarship | <input type="checkbox"/> Joan and Howard Resnikoff
Endowed Scholarship |
| <input type="checkbox"/> Julia Woods-Brown
Memorial Scholarship | <input type="checkbox"/> Martin Luther King Scholarship | <input type="checkbox"/> Second Semester Scholarship |
| <input type="checkbox"/> Urban Workforce Scholarship | <input type="checkbox"/> RCCF Nursing Scholarship | |
| <input type="checkbox"/> Milagros Rosado Scholarship Award | <input type="checkbox"/> Graduation Award (please indicate award) _____ | |
| | RCCF STEM scholarship _____ | Co-Curriculum Activities _____ |

Please submit a copy of your unofficial transcript and a TYPED short essay of 350 to 500 words explaining to the Scholarship Committee why you should be a recipient of the scholarship or graduation award for which you are applying.

College/Community Activities _____

Department Chair _____

(Application forms must be signed by the department chair of the student's major to indicate the department's endorsement of the student's candidacy for the Dean's/Department Scholarship.* NOTE Applications without the required signatures will be disqualified.)

Faculty/Staff (reference) _____
Signature

All information provided herein is accurate. _____
Signature of Applicant