



# Faculty Helping Students Succeed

## MCFF ACADEMIC SCHOLARSHIP APPLICATION

### I. STUDENT INFORMATION

NAME: \_\_\_\_\_ MCCCCD ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PRIMARY EMAIL: \_\_\_\_\_

I am applying for:      \$250 (6-11 credit hours)      \$500 (12 or more credit hours)

### II. ACADEMIC INFORMATION

I am currently attending \_\_\_\_\_ Community College

I am the first in my family to attend college?             **Yes**      **No**

My degree or Major field is (enter 'Undecided' if none) \_\_\_\_\_.

I have attended another college or university:             **Yes**      **No**

If 'yes', please indicate: \_\_\_\_\_

I have completed \_\_\_\_\_ college credit hours with a cumulative GPA of \_\_\_\_\_.

\_\_\_\_\_

*(sign)*

\_\_\_\_\_

*(date)*

**III. FACULTY REFERENCES:** *I recommend this student for an MCFF scholarship based on his/her academic performance and future academic potential.*

1. \_\_\_\_\_  
*(print)*                             *(college)*                             *(sign)*

2. \_\_\_\_\_  
*(print)*                             *(college)*                             *(sign)*

Return completed application to: Maricopa Community Colleges Faculty Foundation  
520 E. Southern Ave, Tempe, AZ 85283