



# SOUTH PLAINS COLLEGE

## APPLICATION FOR NON-TRADITIONAL STUDENT SCHOLARSHIPS

**SUBMIT COMPLETED APPLICATION AND REQUIRED MATERIALS BY MARCH 1**

- To apply for a Non-Traditional Student Scholarship, please ***TYPE OR PRINT CLEARLY*** all applicable information requested on this application. *Applicants must be age 25 or older for consideration.*
- To apply for other scholarships at SPC, request a general scholarship application from the Scholarship Office or visit the SPC web site at [www.southplainscollege.edu/scholarships](http://www.southplainscollege.edu/scholarships).

### 1. APPLICANT INFORMATION

SOCIAL SECURITY NO. \_\_\_\_\_ E-mail address \_\_\_\_\_

FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

PERMANENT MAILING ADDRESS \_\_\_\_\_

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

HOME TELEPHONE ( ) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

EXPECTED MAJOR FIELD OF STUDY WHILE AT SPC \_\_\_\_\_

### 2. SPC ADMISSION INFORMATION

- Are you currently enrolled at South Plains College?  YES  NO
- If NO, have you applied for admission to South Plains College?  YES  NO
- Do you plan to enroll as a full-time student? (12 or more semester hours)  YES  NO
- Do you plan to enroll as a part-time student? (6 - 11 semester hours)  YES  NO
- Will you be enrolled during the Fall and Spring semesters during the scholarship award period?  YES  NO

### 3. EDUCATIONAL INFORMATION

NAME OF HIGH SCHOOL ATTENDED \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

DATE OF GRADUATION (MONTH/YEAR) \_\_\_\_\_

*LIST ALL COLLEGES / UNIVERSITIES YOU HAVE ATTENDED. (ATTACH CERTIFIED TRANSCRIPTS)*

\_\_\_\_\_

NUMBER OF COLLEGE HOURS COMPLETED \_\_\_\_\_ CUMMULATIVE GRADE POINT AVERAGE \_\_\_\_\_

### 4. FINANCIAL INFORMATION

This section **must** be completed fully for your application to be considered.

List names and ages of all residents in household (include self):

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(PLEASE COMPLETE OTHER SIDE OF APPLICATION)

**MONTHLY HOUSEHOLD INCOME:** List known or estimated monthly income in the semester for which this application is made.

From Your Employment \$ \_\_\_\_\_

From Family (Spouse, Children, etc.) \$ \_\_\_\_\_

From Any Other Source (alimony, child support, etc.) \$ \_\_\_\_\_

Total Monthly Household Income from All Sources \$ \_\_\_\_\_

Number in immediate family also attending college at least part-time (6 - 11 semester hours) \_\_\_\_\_

Are you receiving federal or state financial aid for college (grants, loans, college work-study)?  YES  NO

If NO, do you plan to apply for federal financial aid through the Free Application for Student Financial Aid (FASFA)?  YES  NO

## 5. WORK EXPERIENCES, HONORS, AWARDS

*Summarize any work experiences and related accomplishments.*

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*List any organizations or community activities in which you have participated, including offices you have held.*

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*List any awards, scholarships, or honors you have received and corresponding date of each honor.*

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## 6. CAREER GOAL ESSAY

*To better evaluate your scholarship application, SPC requires you to compose an essay about yourself. While many scholarships are based on academic achievement, financial or personal circumstances may impact your ability to attend college. On a separate sheet with your name and Social Security Number in the upper left-hand corner, explain your family, work, financial or other obligations that are associated with you meeting your educational/career goals. In addition, discuss your short term and long term goals and why this scholarship will help you achieve your goals. Please compose your essay on computer or typewriter, limit it to one standard sheet of paper and attach to the application.*

## 7. CERTIFICATION OF APPLICATION INFORMATION

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that this application may not be processed if it is not complete and submitted with ALL required information. I hereby give South Plains College permission to use the information provided on this application for review, recruitment and public recognition. This application and related materials become the property of South Plains College upon submission for consideration.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**RETURN YOUR COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS BY MARCH 1 TO:**

**Scholarship Coordinator, SOUTH PLAINS COLLEGE, 1401 S. College Ave., Levelland, TX 79336  
(806) 894-9611, ext. 2218, 2219 • [www.southplainscollege.edu/scholarships](http://www.southplainscollege.edu/scholarships)**

South Plains College strives to accommodate the individual needs of all students in order to enhance their opportunities for success in the context of a comprehensive community college setting. It is the policy of South Plains College to offer all educational and employment opportunities without regard to race, color, national origin, religion, gender, disability or age.