TUITION AWARD APPLICATION

The MHCC District Board of Education has established tuition waiver awards to support and recognize students for their academic success and potential. Students may apply for these awards by completing this application and returning it by the term award deadline to the appropriate department administrative assistant. Applications are for one term at a time.

ELIGIBILITY CRITERIA

- Applicants must be enrolled in at least six (6) credits for the term the waiver is in effect (some exception may be made if student is nearing degree completion). Award can be for a single (1) credit up to a maximum of 15 credits per term.

- Applicants must meet and maintain all Satisfactory Academic Progress (SAP) standards to receive this award. This includes completing at least 67% of credits attempted, maintaining a cumulative GPA of 2.0 or higher, and maintaining progress toward the completion of a degree or certificate (see www.mhcc.edu/KeepMyAid for more information).

- Applicants who reside in the MHCC district will be given first priority. Awards are for in-state tuition costs only. Out-of-state students may apply, but awards are based on in-state tuition.

- Applicants should have a demonstrated commitment to completing a degree or certificate program.

- Additional criteria may be required by the department or program for which you are applying to, and application approval is subject to final review by the Office of Financial Aid. Please consult with your faculty advisor with any questions.

A. Student Information

FULL NAME: _____ MHCC ID#: _____

ADDRESS: _____
<div style="text-align:center">Street   City   State/Zip</div>

EMAIL: _____ PHONE: _____

B. **Application Questions. Please answer ALL of the following questions.**

1. If you have received prior tuition awards, indicate the term(s) and year(s):

   ☐ Summer _____   ☐ Fall _____   ☐ Winter _____   ☐ Spring _____

2. Have you graduated high school or completed a GED program? ☐ Yes ☐ No

   Last high school attended: _____

3. Do you permanently reside in the state of Oregon?   ☐ Yes ☐ No

   If yes, for how long? _____

4. What term is this application for?

   ☐ Summer   ☐ Fall   ☐ Winter   ☐ Spring

5. State briefly your reason for applying for a tuition award:

   _____

   _____

   _____

   _____

6. List any schools, community organizations and/or programs in which you have participated and any special honors received:

   _____

   _____

   _____

   _____

7. List any relevant work experience and/or skills that might contribute to the department or program you are applying to:

   _____

   _____

   _____

   _____

8. I hereby certify that for the term I am applying for, I will be enrolled… (check one)

   ☐ Full-time (12 or more credits)

   ☐ Part-time or three-quarter time (6-11 credits)

   ☐ Less-than-half-time (1-5 credits) & nearing degree completion (last two terms of program)

C. Financial Aid & Academic Record Release Authorization

☐ By checking here, I authorize Mt. Hood Community College to release my academic and/or financial aid information to the department, and give permission for my name to be used in conjunction with publicity about this award.

D. Student Signature

By signing below, I acknowledge that I understand the eligibility criteria outlined at the beginning of this form, as well as the additional notes below:

- *Award eligibility is not guaranteed and all applications are subject to review of the Office of Financial Aid before awards are applied.*

- *Students must meet all SAP requirements (see www.mhcc.edu/KeepMyAid) to be eligible. If SAP requirements are not met, award may be denied or additional steps may be required.*

- *Students with existing financial aid award packages may find that this award will reduce the existing financial aid package. Details can only be determined if/when you receive an award.*

- *Awards are for tuition costs only and do not apply to course fees, books, or supplies.*

_____   _____

Signature of Applicant   *Date*

FOR DEPARTMENT USE ONLY

☐   **Approval Recommendation**   ☐   **Non-Approval Recommendation**

CREDITS AWARDED _____ for the following term *(check one)* ☐ Summer ☐ Fall ☐ Winter ☐ Spring

Student Name: _____   MHCC ID#: _____

Department, CTE Program, or Emphasis: _____

Statement of Support / Comments:

_____

_____

_____

_____

Name of Faculty Representative (please print)

_____   _____

Signature of Faculty Representative   *Date*

_____   _____

Signature of Dean   *Date*