[](https://www.azwestern.edu/)

**General Scholarship Application**

**General Information** (please print with pen)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of Social Security­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AWC Toro Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @toro.azwestern.edu

Alternative Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a legal U.S. Resident? \_\_\_Yes \_\_\_No

Are you an Arizona Resident? \_\_\_Yes \_\_\_No

If yes, in which county of Arizona do you live in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race/Ethnicity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Information is used to determine specific scholarship eligibility and is not shared publicly.

Will you be a high school student participating in concurrent enrollment in the next academic year? \_\_\_Yes \_\_\_No

GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_ (Please attach school transcripts if no cumulative GPA has been established at AWC within the past two years. Current high school students must attach high school transcripts.)

Year of High School Graduation (or year GED received) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of high school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classification for the next academic year:

\_\_\_Incoming freshman with no prior college credits

\_\_\_Previously attended college- completed less than 30 credits

\_\_\_Previously attended college- more than 30 credits

Are you a first generation college student? \_\_\_Yes \_\_\_No

Will you be enrolled at AWC during the upcoming academic year? \_\_\_Yes \_\_\_No

If No, University of choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_

What is your planned enrollment status for the next academic year?

\_\_\_Full-Time (12 credit or more) \_\_\_Part-Time (6 credits or less)

What is your declared major/program of study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Goal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AWC/University Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of a school sports team? \_\_\_Yes \_\_\_No

If yes, which sport? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Native American Tribal Member? \_\_\_Yes \_\_\_No

If yes, which tribe? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you active duty of or retired from a U.S. military branch or a dependent? \_\_\_Yes \_\_\_No

If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been accepted in AWC’s Nursing Program, Massage Therapy Program, or Radiologic Technology Program? \_\_\_Yes \_\_\_No

If yes, please specify which program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please provide supporting documentation of acceptance

FAFSA filling status:

\_\_\_Submitted current year FAFSA

\_\_\_Not submitted

\_\_\_International student submitting proof of International Status (F1 student visa) instead

Are you eligible to receive a Pell Grant, based on your completed FAFSA? \_\_\_Yes \_\_\_No

**List your extracurricular activities, awards/honors/recognitions received, and community involvement activities. Please provide dates and if applicable, any leadership positions or offices held.**

**Briefly state other information/circumstances/qualifications not reflected in this application you would like us to consider. (500 words max.)**