



EMPHASIS EXCELLENCE \* 1935

Financial Aid Office



**KILGORE COLLEGE SCHOLARSHIP APPLICATION FOR EMPLOYEE DEPENDENT(S)**

Dependent children of full time Kilgore College employees may qualify for a scholarship. The scholarship amount will be the equivalent of tuition and basic fees as charged to the student's accounts.

PLEASE PRINT THE FOLLOWING:

Student's Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Telephone No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

What will your classification be at Kilgore College? Freshman: \_\_\_\_\_ Sophomore: \_\_\_\_\_

Have you attended other colleges? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, list name of college and dates of attendance:

NAME OF COLLEGE	DATES ATTENDED	HOURS EARNED

Name of Parent/Guardian employed by Kilgore College: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Statement of Certification for Kilgore College Employee Dependent Scholarship**

I certify that \_\_\_\_\_, SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, is my dependent child according to the guidelines set forth by the Internal Revenue Service. I certify that I am a full-time employee with at least one year of service to Kilgore College.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Do Not Write Below This Line**

1 <sup>st</sup> Semester Award: _____	Init. Hrs: _____	Credit Hrs: _____	Sem. GPA: _____
2 <sup>nd</sup> Semester Award: _____	Init. Hrs: _____	Credit Hrs: _____	Sem. GPA: _____
3 <sup>rd</sup> Semester Award: _____	Init. Hrs: _____	Credit Hrs: _____	Sem. GPA: _____
4 <sup>th</sup> Semester Award: _____	Init. Hrs: _____	Credit Hrs: _____	Sem. GPA: _____