



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 st Semester Award: _____	Init. Hrs: _____	Credit Hrs: _____	Sem. GPA: _____
2 nd Semester Award: _____	Init. Hrs: _____	Credit Hrs: _____	Sem. GPA: _____
3 rd Semester Award: _____	Init. Hrs: _____	Credit Hrs: _____	Sem. GPA: _____
4 th Semester Award: _____	Init. Hrs: _____	Credit Hrs: _____	Sem. GPA: _____