HUDSON VALLEY COMMUNITY COLLEGE SCHOLARSHIP APPLICATION FOR STUDENTS ENROLLED IN THE COLLEGE IN THE HIGH SCHOOL

To receive consideration, all applications must be signed by a high school official certifying eligibility of the student.

Name:				
Address:	Street Address		Village	/Town/City
	State	Zip	County	
Email:		Telephone Number:		
HVCC ID# or SSN:				
Applicant's Signature:			Date	
I understand that the Hudson Valle scholarships, including my Grade P	ey Community College Founc oint Average, Federal Applica	dation Scholarship Committee and donors mation for Student Aid and, in the case of inte	nay review my academic records in rnational students, a Financial Nee	ds Assessment form which should b
and give my consent to the following • Listing the criteria and no	ng:	t me that has made me eligible for this schol		
• •		other publications. ided is true and accurate. I understand that F	oundation policy states that studen	ts found to have falsified informatio
If hand-delivered, schol		HIGH SCHOOL STUDENTS cations must be received no January 22, 2024 be received by 4 p.m. on the day they	<u>S:</u> later than:	ns will not be considered.
NACEP		SHIP APPLICATIO D BY A SCHOOL O cihs@hvcc.edu	FFICIAL TO:	Hudson Walley Community College
Signature of Official Certify for Federal Free Lunch Prog			Date	

Hudson Valley Community College does not discriminate on the basis of age, gender, race or ethnicity, national origin, religion, disabling condition, marital status or sexual orientation. If you have a disability and require any reasonable

Print Name/Title

status or sexual orientation. If you have a disability and require any reasonal accommodations, or an interpreter, please contact the Center for Access and Assistive Technology at (518) 629-7154 or TDD (518) 629-7596.



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