

P: 620-227-9336 F: 620-227-9277 E: finaid@dc3.edu Attn:Financial Aid 2501 N. 14th Ave Dodge City, KS 67801

2020-2021 Scholarship Application

For DCCC Academic and General Scholarships and DCCC Foundation Awards

TO BE COMPLETED BY I	OCCC PERSON AWARDING	S SCHOLARSHIP				
Major	Grantor Signature		Date			
Do NOT leave this line blank. Major	is required Grantor (Print Name)					
Scholarship Name	olarship Amount					
SECTION ONE: Personal	/Demographic Informatio	n (required of all	applicants)			
Name Last	First	Middle Maider		n or Previous		
Mailing Address	er and Street or PO Box C					
Numb	er and Street or PO Box C	ity	County	State	Zip	
Security or Alien Registration Number Date of Birth (month/day/year		Home Phone (incl	Home Phone (include area code)		Email Address	
SECTION TWO: Academ	ic History					
Please list the high school you attended.		Date of high school graduation		Month/year		
Name of high calcal						
Name of high school		Cit	-	State		
Please list all colleges or universities you have attended.		Date last attended co	Month/year			
Name of college		Cit	City			
Name of college		Cit	ty	State		
Name of college		Cit	ty	State		
SECTION Three: Policy C	ertification (required of al	l annlicants)				
certify that the answers I ha accurate and complete inforn	ve given on this application are nation may cause me to be inel derstand the requirements for	e accurate to the bes igible for DC3 Schola	arships. I have read	d these policies ar		
Applicant's signature		Date				

Notice of Non-discrimination

Dodge City Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies: Federal Compliance Administrator, 2501 N. 14th Avenue, Dodge City, Kansas 67801, (620) 227-9119 (compliance@dc3. Edu) or Director of Human Resources, 2501 N. 14th Avenue, Dodge City, Kansas 67801, (620) 227-9201, (compliance@dc3.edu).