



Butler Student ID Number: Example: @00111111 or Z00011111
 or Social Security Number if Butler Student ID is Not Established

2009-2010 Scholarship Application

Complete and return this form to the Office of Student Financial Aid. Your application will be reviewed by the scholarship committee.
You must reapply each academic year for scholarships.

Preferred Application Date – March 1

Applications received after March 1st will be reviewed

- Contact the Athletic office for athletic scholarship requirements.
- Contact the Activity sponsor for activity scholarship requirements. (i.e. music, journalism, theatre, etc.)
- Contact the Office of Student Financial Aid for academic scholarships (i.e. Academic Excellence, Deans, Presidential, Salutatorian, Valedictorian) and Foundation scholarship information.
- Contact the Nursing Department for nursing scholarship requirements.
- You must fill out a Free Application for Federal Student Aid (FAFSA) to receive federal financial aid and state scholarships.

Please Print or Type

1. Legal Name _____
Last First Middle (other names used)

2. Birth Date _____ 3. Date Received or Will Receive High School Diploma or GED (MM/YY) _____

4. _____
Local Telephone Permanent Phone (include area code)

5. _____
Permanent Address City State Zip

_____ County and State of Legal Residence Country of Legal Residence

6. List All High Schools Attended	City	State	Dates Attended	Graduated	
				Yes	No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7. List All Colleges Attended	City	State	Dates Attended		
				Yes	No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

8. Check this box if you have not attended college since earning your High School Diploma or GED

9. List organizations you have participated in and any special honors you received in high school, college or community involvement:

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Please check all boxes that apply to you:

- | | |
|---|--|
| <input type="checkbox"/> Butler Alumni Student Ambassador | <input type="checkbox"/> Home School |
| <input type="checkbox"/> Butler Operational Staff | <input type="checkbox"/> Member of Butler Campus Crusade |
| <input type="checkbox"/> Camp Butler 2000 Graduate | <input type="checkbox"/> Member of Butler Student Senate |
| <input type="checkbox"/> Dependent of a Butler Alumni (Parent/Grandparents) | <input type="checkbox"/> Non-Traditional Student |
| <input type="checkbox"/> Dependent of a Butler Operational Staff | <input type="checkbox"/> Salutatorian |
| <input type="checkbox"/> Dependent of a Veteran | <input type="checkbox"/> Valedictorian |
| <input type="checkbox"/> I will work at least 8 hours per week off-campus while attending Butler | |
| <input type="checkbox"/> I am a 'Single Parent' with dependents receiving more than half of their support from me | |

Entering First Year Student:

GPA for a graduating high school senior must include at least 6 semesters, be verified by a high school official signature, and include the school seal. **

Cumulative GPA (Unweighted) A = 4.00	_____	Number of Semesters Included in GPA	_____
Rank in Graduating Class	_____	(The GPA cannot be rounded up and must be accurate to 2 decimal places.)	
Number in Class	_____		
ACT Composite Test Score	_____		

Name of High School _____

High School Seal

Accredited by (please list organization) _____

High School Address _____

City, State, Zip _____

High School Telephone Number _____

Verification by: _____

Signature of counselor, registrar, or other school official

Date _____

Title _____

** If the information provided above changes, please contact our office before the first day of classes. Changes in your ACT or High School GPA prior to your first semester of your freshman year could increase your eligibility to receive a scholarship.

The following information will be shared with the Butler Community College Foundation and includes: the data contained on this scholarship application, academic records, your financial aid expected family contribution, and other award information. By signing this scholarship application, I acknowledge and release all information associated with my application to the Butler Community College Foundation.

I understand that I must be enrolled in a minimum of 12 hours of credit each semester (exception: students **admitted** to the Nursing program and part-time Butler Foundation scholarship recipients). I understand my scholarship may be revoked if I do not maintain at least a 3.0 GPA and complete 12 credits hours each semester. Submitting a scholarship application does not guarantee a scholarship award.

Applicant Signature: _____

Date: _____

★ Any athlete receiving an athletic scholarship: If receiving an additional academic scholarship per Kansas Jayhawk conference rules will be required to have a final high school cumulative GPA of 3.5 or greater to receive an award and maintain at least a 3.5 GPA to have a scholarship renewed each semester.

Return This Form To:

Office of Student Financial Aid
Butler Community College
901 South Haverhill Road
El Dorado, KS 67042
(316) 322-3121 or 733-3121 from the Wichita Metro calling area

Certain scholarships are based on financial need. In order to determine eligibility for these scholarships, as well as federal aid you must complete the Free Application for Federal Student Aid which can be found at www.fafsa.ed.gov.