

HATHAWAY SCHOLARSHIP APPLICATION FOR NWCCD (FOR New and Transfer Students)



PERSONAL INFORMATION

Last Name		First Name		M.I.
Address			Cell Phone	
City, State Zip				
NWCCD Student ID #		Gender (please circle)	Male	Female
Date of Birth	Email			
 Have you applied for admission to NWCCD? (pl When do you want to begin using the Hathawa Semester (please circle) Fall Have you used Hathaway funds at any previous If yes, what Wyoming college did you attend UW LCCC EWC WWCC CWC Please check the statement that best describes I attended/I am attending a WY high school and Name of High School I attended/I am attending a WY home school and 	Spring Swyoming colle (please circle)? Casper Colle syou: received/will red	Year: 20 Summer (a Summer ges? (please circle) ge NWC ceive a high school dip eceive a home school	Yes N	ust also be submitted O
Name of Home School I graduated or will graduate in (month/year): □ I previously attended a WY high school and I hav Name of WY High School Month and Year you high school class graduated City and State of where HSEC test was confused. Are you a U.S. citizen? (please circle) (Males 18 and over) Have you registered w	ve earned a high tes/graduated _ npleted _ Yes No	school equivalency cer	rtificate (HSEC)	
If you answer no, please visit https://www.s must be done within 30 days of your 18 th bin been completed. 8. Do you owe money to any Federal Title IV S	sss.gov/Registro rthday. You win student Aid Pro	ation/Register-Now/ Il not be eligible for a grams? Yes No	Registration-For ny type of finand	
9. Are you in default on any Federal Title IV Ed10. Are you incarcerated? Yes No11. Have you ever been convicted of a felony? Yes		Yes No		
By submitting this application I certify that all informate submitted until I have completed the admission process HSEC scores (if applicable), and my highest ACT or Worksemester I wish to begin using the Hathaway Scholarsl at NWCCD for more information regarding the Hathaway	ss at NWCCD, and rkKeys scores. Al hip. I understand	l I have submitted my fi I information must be p that it is my responsibili	nal official high sch rovided prior to the	nool transcript, It first day of the
Student Signature:			Date:	

Please return this form to the Financial Aid Office: Email bhaseman@sheridan.edu Fax 307.675.0678