

THE DONALD F. and MAXINE B. DAVISON FOUNDATION

Scholarship Application for Fall 2009

PLEASE PRINT

Applicant's Name: _____ Current GPA: _____

MCC ID #: M00_____ MCC Program of Study: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (Day)_____ (Evening) _____

Preferred e-mail: _____ Alternate email: _____

Do you live with your parents? _____ Do your parents contribute to your living or educational expenses? _____

Explain: _____

How many hours per week do you work? _____ Employer: _____

Supervisor Name: _____ Supervisor Phone _____

Marital status: _____ If married, does your spouse help with your educational expenses? _____

Have you applied for financial aid for 2009-10? _____ Date FAFSA* filed: _____

Expected Date of Graduation: _____ (FAFSA required effective FA10)

APPLICANT'S SIGNATURE _____ DATE _____

Attach a brief (up to 250 words) statement explaining how receiving this scholarship would help you to achieve your academic goals.

Applications may be delivered to the OCP Department Office (Brighton campus, room 8-532), or mailed with a postmark no later than: Friday, June 12, 2009

Mailing Address: Sandra McCormack, Scholarship Coordinator
Department of Office and Computer Programs
Monroe Community College
1000 E. Henrietta Road
Rochester, NY 14623

For Office Use Only:
Credit Hours: _____ Fall 08 _____ Spring 09
GPA: _____ Fall 08 _____ Spring 09
Monroe County resident? Yes No Statement Submitted? Yes No