

South Plains College
RETAIN STUDENT GRANT PROGRAM

Spring 2007

RETAIN Grant for Students

Minimum Requirements:

1. First generation students enrolled at SPC Plainview, Denver City, or Muleshoe.
2. Permanent resident of South Plains (SP) (preferred) (Counties include: Bailey, Lamb, Hale, Floyd, Motley, Cochran, Hockley, Lubbock, Crosby, Dickens, King, Yoakum, Terry, Lynn and Garza)
3. Intent to work in SP/West Texas region following graduation
4. High School diploma or GED required.
5. Current students require good standing ("C" or better in ALL course work) The Retain Scholarship Committee will determine subsequent eligibility.
6. Must complete the Free Application for Federal Student Aid (FAFSA) before application will be considered.

Personal Information:

First Name: _____ Last Name: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____ Social Security #: _____

Phone Number: _____ E-Mail Address: _____

Date of Birth: _____ / _____ / _____ ___ Male ___ Female ___ Married ___ Single

Have you completed a Free Application for Federal Student Aid (FAFSA)? ___ Yes ___ No

Scholarships are awarded based on specific criteria and available funds. South Plains College is an Equal Opportunity Employer and no applicant will be discriminated against because of race, creed, religion, disability, sex, national origin or sexual orientation, during the course of education or employment at this institution.

Instructions:

1. Read all instructions and scholarship requirements.
2. A Free Application for Federal Student Aid (FAFSA) **MUST** be filed for all scholarships.

**RETURN YOUR COMPLETED APPLICATION AND ALL SUPPORTING
MATERIALS BY MONDAY, FEBRUARY 5, 2007 TO:**

**MARLA COTTENOIR, DEAN
HEALTH OCCUPATIONS DIVISION
(Technical Arts Building – Room 116)
SOUTH PLAINS COLLEGE
1401 S. COLLEGE AVENUE
LEVELLAND, TX 79336**

Are you a citizen of the United States? ___ Yes ___ No

If no, what is your country of origin? _____

Marital Status: (circle one) Single Married Separated Divorced Widowed

Number of Dependents and Age _____

Does your household (you and your spouse and/or children OR your parents) speak a language OTHER than English most of the time? ___ Yes ___ No

If yes, please identify language. _____

Does either of your parents/guardians and/or spouse have LESS than a 12th grade education? ___ Yes ___ No

If yes, what is the highest grade completed?

Father ___ Mother ___ Guardian ___ Spouse ___

Has anyone in your immediate family GRADUATED from college? ___ Yes ___ No

If so, whom? _____

Where do you plan to work upon graduation? City _____ County (if known) _____
State _____

College Major _____ Semester (Circle one) 1 2 3 4

Date of expected Graduation _____

Campus (circle one): Plainview Denver City Muleshoe

Please describe in the space below your educational goals and how you plan to use your education to pursue a career on the South Plains following graduation. Also add any other information about yourself, your family or your circumstances that you think should be considered by those reviewing your application.
(Limit between 100-150 words)

As required by Texas HB 1922:

- “ *a. with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual;*
- b. the individual is entitled to receive and review the information;
 - c. the individual is entitled to have the state governmental body correct information about the individual that is incorrect.”

RELEASE: I understand that the information I provide must be complete and accurate in order to be considered. Failure to provide complete and accurate information will result in my application(s) being disqualified from consideration. I also understand that all information submitted in the application process becomes the property of the South Plains College Health Occupations Division and will not be returned. I further understand that it is my responsibility to submit the required documentation as stated on the SCHOLARSHIP INFORMATION SHEET. Failure to submit proper documentation may result in the disqualification of my application(s).

Signature of Applicant

“I hereby give South Plains College and its components permission to use the information provided on this application for recognition purposes if I accept this designated scholarship.” ___Yes ___No

Signature of Applicant

“I authorize the South Plains College to release information concerning my records to federal, state, institutional, or local organizations/agencies as is necessary for the administration of my scholarship. I understand this authorization will remain in effect unless revoked in writing. ___Yes ___No

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY:

Assigned Number: _____

Financial Need: _____

Overall Cumulative GPA: _____

FAFSA Need Amount: \$ _____