

# DSC's CAREER EMPLOYEES ASSOCIATION



## **SPRING 2019 STUDENT AWARD AVAILABLE!**



## **NEED EXTRA CASH FOR BOOKS, UNIFORMS OR CLASS SUPPLIES?**

### **HOW MUCH IS AVAILABLE:**

- Up to \$300 to qualified applicant.

### **CRITERIA:**

- New or continuing students (full or part time)
- Minimum of 3 credit hours
- Minimum 2.0 GPA (High School or College)
- Excludes DSC employees and dependents
- Excludes Financial Aid and other scholarship recipients



### **HOW TO APPLY/CONTACTS FOR APPLICATIONS:**

#### **Daytona Campus:**

Alan McCoy, ext. 3009, Arts & Sciences, Bldg. 330/Rm. 213A

Amanda Shroyer, ext. 3976, Writing Center, Bldg. 200/Rm. 107C

Andrea Horney, ext. 3210, Student Accounts, Bldg. 100/Rm. 102

Christina Meeks, ext. 2067, Dental Sciences (Deland) Bldg. 6/Rm. 101

Linda Vought, ext. 3757, Nursing, Bldg. 320/Rm. 211

Library, ext. 3264, Bldg. 210/Rm. 124

#### **Regional Campuses, Registration offices:**

Deland

Bldg. 7/ R104

Deltona

Bldg. 1/R203

Flagler/PC

Bldg. 2/R100

New Smyrna

Bldg. 1/R105

### **DEADLINE:**

- January 25, 2019
- Recipients will be notified by February 15, 2019.



**CAREER EMPLOYEES ASSOCIATION STUDENT AWARD APPLICATION  
SPRING 2019**

**COMPLETE APPLICATION ENTIRELY!!!!**

**\*Incomplete Applications Will Not Be Considered.\***

**Maximum award: \$300 Reimbursement for Books, Supplies, Fees, Equipment, etc...**

**Attach Unofficial Transcripts to this Application**

STUDENT NAME: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PERSONAL EMAIL: \_\_\_\_\_

MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ U.S. CITIZEN YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU A FLORIDA RESIDENT: YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU A DEPENDENT OF A DSC EMPLOYEE? YES \_\_\_\_\_ NO \_\_\_\_\_

**Deadline to Submit is January 25, 2019**

**RETURN COMPLETED APPLICATION TO:**

Alan McCoy; ext. 3009, Arts & Sciences, B330/R213A

Amanda Shroyer; ext. 3976, Writing Center, B200/R107C

Andrea Horney; ext. 3210, Student Accounts, B100/R102

Christina Meeks; ext.2067, Dental Science (Deland) B6/R101

Linda Vought; ext. 3757, School of Nursing, B320/R211

Library; ext. 3264, (Daytona) B210/R124

Regional Campuses, Registration offices



**STUDENT ACADEMIC INFORMATION:**

AA \_\_\_\_\_ AS \_\_\_\_\_ CERTIFICATE \_\_\_\_\_ NON-DEGREE \_\_\_\_\_ UNDECIDED \_\_\_\_\_  
TRANSIT STUDENT: \_\_\_\_\_ DUAL ENROLLED: \_\_\_\_\_  
MAJOR: \_\_\_\_\_ PROGRAM NAME: \_\_\_\_\_

**\*\*\*Attach Unofficial Transcript\*\*\***

**CANDIDATE'S FINANCIAL INFORMATION**

EMPLOYER'S NAME: \_\_\_\_\_  
# HOURS WORKED WEEKLY: \_\_\_\_\_ GROSS WEEKLY PAY \$ \_\_\_\_\_  
OTHER INCOME: SOURCE: \_\_\_\_\_ \$ \_\_\_\_\_ PER WEEK  
APPLIED FOR FINANCIAL AID (including Transit and Dual Enrolled): YES \_\_\_\_\_ NO \_\_\_\_\_  
RECEIVING FINANCIAL AID: YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, AMOUNT \$ \_\_\_\_\_ SEMESTER AWARDED \_\_\_\_\_  
OTHER SCHOLARSHIPS AND/OR EMERGENCY LOANS/ GRANTS RECEIVED:  
NAME OF SCHOLARSHIP/GRANT/LOAN: \_\_\_\_\_  
AMOUNT LOAN/SCHOLARSHIP/GRANT: \$ \_\_\_\_\_  
DATE SCHOLARSHIP/LOAN/GRANT RECEIVED: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Total Gross Annual Income from ALL SOURCES:** \$ \_\_\_\_\_

**STUDENT AUTHORIZATION:**

I hereby certify that the information provided is complete and accurate to the best of my knowledge. I authorize the DSC Student Account and Financial Aid offices to share any information on this form with the Student Award Committee. I agree to provide The DSC's Career Employees' Association with a thank you note.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Attention Student:** In the event you are awarded, you would be required to submit a note/card of thank you to the DSC's Career Employees' Association. In lieu of a note, the recipient can attend one of the CEA's meetings to express gratitude.

