



# Hanover College Summer Academy Scholarship Application

Hanover Summer Academy values the participation of all students, regardless of their financial circumstances. Because of this, scholarships are being awarded based on student need. Qualifying students who have already registered online and complete this application may have a portion or the full program fee of \$750 waived. Please complete by printing clearly and accurately.

## General Information

Full Name of Scholar: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Student Phone: \_\_\_\_\_

School: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Student currently qualifies for free/reduced meal benefits?  
***\*This must be verified by student's school.***

YES or NO

## Parent Authorization

I certify that I am the parent or legal guardian of the participant named above and understand that school staff will be sharing his/her participation in Federal Free/Reduced Meal Benefits with Hanover College Summer Academy Staff in order to determine scholarship qualification. I also understand that should my child receive a scholarship and later enroll at Hanover College, he/she will not have \$750 deducted from the first year's tuition cost.

\_\_\_\_\_  
Parent/Guardian 1 Signature

\_\_\_\_\_  
Parent/Guardian 2 Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School completes back side ->



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## School Program Verification

**\*To be completed and submitted by a school official.**

As an authorized staff member of \_\_\_\_\_, I verify that school records indicate this student receives Federal Free/Reduced Lunch, and the information on this application is current and correct.

Hanover Summer Academy is an enrichment program providing high school students the opportunity to experience college culture and environment, including staying on campus.

I feel confident recommending \_\_\_\_\_ for this scholarship because...

*(Please provide information about this student's need, character, or academic strength.)*

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\_\_\_\_\_  
School Staff Signature

\_\_\_\_\_/\_\_\_\_\_  
Date:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position

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**\*After completion, the school official will either scan both sides of this form and email to Rene Cox, [cox@hanover.edu](mailto:cox@hanover.edu) OR fax to 812-866-7098, care of Rene Cox. Please call 812-866-7028 if you have any questions.**