



Hanover College Summer Academy Scholarship Application

Hanover Summer Academy values the participation of all students, regardless of their financial circumstances. Because of this, need-based scholarships are being awarded to Indiana students.

Qualifying students must be 21st Century Scholars, recipients of Free or Reduced Lunch benefits, or a First-Generation college student. If you have not yet registered for Summer Academy, complete registration before submitting your scholarship application. 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: | <input type="radio"/> Free/reduced meal benefits |
| <i>*This must be verified by student's school.</i> | <input type="radio"/> 21st Century Scholar |
| | <input type="radio"/> First Gen. College Student |

Parent Authorization

I certify that I am the parent or legal guardian of the participant named above and understand that high school staff will be sharing his/her participation in State or Federal programs 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 \$800 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 Free or reduced meal benefits, is a 21st Century Scholar, or will be a First Gen. College student, 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.)

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 OR fax to 812-866-7098, care of Rene Cox. Please call 812-866-7028 if you have any questions.**