

# Panola College Scholarship Application

Complete all sections and return a copy of this application  
to the Office of Institutional Advancement

**Office Use Only:**  
Program \_\_\_\_\_  
GPA \_\_\_\_\_  
Hrs Comp. \_\_\_\_\_  
Date Rec. \_\_\_\_\_

## 1. PERSONAL INFORMATION

Student Identification or Social Security Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street or P O Box) (City) (State) (Zip)

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City) (County) (State)

Citizen of U.S.  Yes  No Resident of Texas  Yes  No Resident of \_\_\_\_\_ County

### a. Education

Class Standing at PC will be:  Beginning Freshman  Freshman  Sophomore

High School Attended \_\_\_\_\_  
(Name) (City) (State) (County)

Date Graduated from High School \_\_\_\_\_ Class Rank \_\_\_\_\_ out of \_\_\_\_\_

High School Grade Point Average (if incoming freshman) \_\_\_\_\_ College Grade Point Average \_\_\_\_\_

At Panola College I plan to major in \_\_\_\_\_ Expected College Graduation Date \_\_\_\_\_

Panola College campus:  Carthage  Center  Marshall

PC Organization Affiliations \_\_\_\_\_

**b. School Activities, Community Involvement, Leadership** (List Panola College involvement and other school, volunteer, community and/or church activities you have been involved in during the last 2 years.)

Name and Type of Organization/Activity	Dates	Role/Participation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**c. Employment** (List current employer and those whom you have worked for in the past 2 years)

Student's Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Student's Past Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**2. ADDITIONAL CONSIDERATIONS**

- Have you been accepted to Panola College’s associate degree nursing program?  Yes  No
- Have you been accepted to Panola College’s licensed vocational nursing program?  Yes  No
- Will you be a member of the Panola College intercollegiate baseball team or a manager or student acting in the capacity of secretary for the program?  Yes  No
- Are you currently employed by, or the dependent or spouse of an employee working for the Louisiana-Pacific Corporation’s Carthage facility?  Yes  No
- Were you born in Russia, Ukraine, Belarus, Poland, or other Eastern European country?  Yes  No
- Are you of Middle Eastern descent?  Yes  No
- Are you a spouse, dependent child, or grandchild of a member of the Panola County VFW Post 5620?  Yes  No
- Do you currently reside in Panola County’s third precinct?  Yes  No
- Have you served and been honorably discharged from the U.S. military, are you currently serving, or are you a dependent of military personnel killed or missing in action?  Yes  No
- Are you currently employed by, or the spouse or dependent of an employee working for the First State Bank & Trust Co, Carthage Texas?  Yes  No
- Are you a member of the Central Baptist Church in Carthage, Texas?  Yes  No
- Were you an active member of 4-H or your high school FFA program?  Yes  No

**3. FINANCIAL NEED**

Estimated Current Gross Family Income \$ \_\_\_\_\_

Number of Dependent Children in Family \_\_\_\_\_ Ages of Dependent Children in Family \_\_\_\_\_

Number of Other Dependents in Family \_\_\_\_\_ Number of Children in College \_\_\_\_\_

List other scholarships or financial resources such as the G.I. Bill, Social Security or Fellowships that you will receive for the academic year in which you are applying \_\_\_\_\_

\_\_\_\_\_

List previous scholarships at PC and amounts received \_\_\_\_\_

If you are a dependent student, please complete the section below. If you are not a dependent student please proceed to the next page. (*You are considered to be dependent if you have been claimed on a parent’s State and Federal tax forms.*)

Parent’s Name \_\_\_\_\_

Parent’s Address \_\_\_\_\_  
(Street or P O Box) (City) (County) (State) (Zip)

Will this be your primary residence while attending Panola College? Yes No Phone \_\_\_\_\_

Father’s Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Mother’s Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Estimated Current Gross Family Income \$ \_\_\_\_\_

Number of Dependent Children in Family \_\_\_\_\_ Ages of Dependent Children in Family \_\_\_\_\_

Number of Other Dependents in Family \_\_\_\_\_ Number of Children in College \_\_\_\_\_

