



Early College Supplemental Scholarship

2024-2025 Scholarship Application

Print Name: _____ HCC Student ID#: _____

The Early College Supplemental Scholarship is in addition to any early college discount that you may already be eligible for during 2024-2025. Students must complete this application each semester. This scholarship (funded by the Maryland Part-Time Grant) is to provide additional assistance to students who are dually enrolled in a Maryland High School. Students may be required to submit additional documentation to the HCC Student Financial Aid Office once you have completed the 2024-2025 FAFSA or MHEC One App. Students must demonstrate **financial need** based on the FAFSA or the MHEC One App (submit by June 1) and enrollment status.

Students must meet all eligibility requirements. Please check the box after completing the requirement.

- I completed any required early college forms
- I submitted the 2024-2025 FAFSA by June 1 at studentaid.gov or have completed the MHEC One App by June 1.
- I provided my Social Security Number on the HCC admissions application or provided a copy of my social security card to the HCC Admissions Office in order for the college to process the FAFSA.
- I am dually-enrolled in a Maryland high school for 2024-2025. Home school students are not eligible.
- I am enrolled between 6-11 credits, which are part of my degree program. Eligibility amount based on active enrollment. Students enrolled in 12 or more credits during one semester or less than 6 credits are not eligible. Check the website at www.hagerstowncc.edu/financial-aid for additional scholarship opportunities.
- My parent/s (for dependent students) and I are residents of Maryland.
- I am a degree-seeking student. For course and degree program questions, please contact the HCC Admissions Office at 240-500-2238 or admissions@hagerstowncc.edu.
- MHEC Drug Free Pledge:** I pledge, as a condition of receiving student financial assistance, to remain **drug free** for the full term of the award. Unlawful use of drugs and alcohol may endanger my enrollment in a Maryland college as well as my Maryland financial aid award. If selected, I understand the terms and conditions of Maryland state awards and will remain drug free for the full term of the award.

Student Drug Free Pledge Signature: _____ **Date:** _____

Student Responsibilities

- I understand I am responsible for any charges not covered by this scholarship or early college discounts.
- I understand I must submit all additional paperwork requested by the HCC Financial Aid Office.

I hereby certify that all information I have submitted is correct and I meet all of the requirements listed in the eligibility section of this application. If granted the scholarship, I agree to the conditions established for this award including remaining drug free. I understand that this award is contingent upon available funding. Incomplete applications will not be considered, and an award can be withheld if I am not following all of the requirements such as attending class and being actively enrolled on the college's census date.

Student Signature: _____ **Date:** _____

Office Use Only

U Need ___ Residency (student and parent) ___ Degree ___ Ver ___ Pledge ___

SAP ___ Credits ___ Home School ___ Early College ___ June 1 ___

Staff Initial ___ Approve/Deny ___ Date ___ Amount ___