

Hanover College Summer Academy Scholarship Application

Complete and return by May 1

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 and 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.

	Ger	neral Information	
Full Name	of Scholar:		
Age:	Date of Birth	:	
Street Add	ress:		
City, State,	, Zip Code:		
Parent Phone:		Student Phone:	
School:		Current Grade Level:	
	Student currently qualitfies for *This must be verified by st	O 21 of Contury Coholor	
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 and Reduced meal benefits, is a 21st Century Scholar, or will be a fiirst-generation college student, and the information on this application is current and correct.			
Hanover Summer Academy is an enrichment progr to experience college culture and environment, incl			
I feel confident recommendingbecause	for this scholarship		
(Please provide information about this student's ne	ed, character, or academic strength.)		
Student currently qualitfies for: *Please select any that apply.	O Free and Reduced meal benefitsO 21st Century ScholarO First-generation college student		
School Staff Signature	Date:		
Print Name	Position		

*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.