



## II. NARRATIVE (please type)

Please complete your responses to the following statements on a separate sheet(s) and attach (approximately 300 words each).

1. Describe your academic and career goals while attending Inver Hills Community College and how this scholarship will help you.
2. If your scholarship application is based on your financial need, clearly explain your financial situation and be specific.
3. Describe one significant event in your life and how it has influenced your personal growth and professional goals.
4. Describe work, volunteer, and/or community service experiences (include dates).
5. List honors, recognition, and achievements.

## III. APPROVAL OF ASAP PROGRAM ADMINISTRATOR

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CERTIFICATION

Applicant certification and permission to release information

*The information contained within this application is true to the best of my knowledge. I understand that misrepresentation or fraudulent information may be grounds for loss of scholarship funds and/or require repayment. I understand that my application will not be considered if my application, narrative, and transcript form are not completed as instructed.*

*I understand that the IHCC Foundation, college staff and the scholarship selection committee will review the information on this application. I authorize Inver Hills Community College and the Inver Hills Community College Foundation to release information on this application to other college departments, donors, and others that require the data to determine my eligibility for this scholarship.*

*If named a recipient, I authorize the Inver Hills Community College Foundation to release any (non-private) information listed in this application to the scholarship donors/media. I also agree to thank the donor of this scholarship and attend any events relating to recognition of this scholarship.*

*I authorize Inver Hills Community College to release my IHCC transcript and/or necessary registration/attendance records to the IHCC Scholarship Committee to be used for the purpose of scholarship review and processing.*

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

## SEND YOUR COMPLETED APPLICATION AND ALL APPROPRIATE MATERIALS TO

**Inver Hills Community College  
Attn: ASAP Office, College Center  
2500 80th Street East  
Inver Grove Heights, MN 55076  
Questions? Call 651-450-8367**