



The Foundation for Reading Area Community College  
**2023 FALL Dual Enrollment Scholarship**

A limited number of scholarships are available for the fall 2023 semester to help fund motivated students who may not have the financial resources to participate in the Dual Enrollment Program at Reading Area Community College.

**Scholarship Eligibility Criteria:**

- Student must be enrolling in a dual enrollment course for the FALL 2023 semester at RACC.
- Student qualifies for free or reduced lunch at their home school district

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Dual enrollment course(s) you are registering for: \_\_\_\_\_

Total number of college credits involved: \_\_\_\_\_ Total cost for these credits: \_\_\_\_\_

Do you qualify for free or reduced lunch at your home school district: \_\_\_\_\_ (Must be yes to qualify).

Please share why you are applying for this scholarship and how it will help you to afford a college course?

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This scholarship is made possible by businesses (donors) who provide funding for our dual enrollment students. As a token of your appreciation (if you receive a scholarship), please write a short letter to thank the donor who provided this funding. Your letter can be addressed to "Dear Donor" and describe a little about yourself, thank the donor, what school you are from, what career you are interested in and how this funding will help you personally. Attach letter.

**Submit Application:** Email to [bcreasy@racc.edu](mailto:bcreasy@racc.edu) by 10/6/23. Due to limited funding, we will not accept late applications.

The information on this application is true and accurate to the best of my knowledge. I give permission to anyone involved with this scholarship, including the donor and my school, access to my thank you letter, application, directory and transcript information. I understand that applying does not guarantee a scholarship (as funding permits), at which time the account balance is the responsibility of the student.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

With my signature, I give my recommendation for this student.

**SCHOOL OFFICIAL SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_