



Financial Aid Office • 901 S Haverhill Road • El Dorado, KS 67042

Tel: 316.322.3121 or Wichita Metro 733.3121

Fax: 316.322.3316 or Wichita Metro 733.3316

Email: finaidmail@butlercc.edu

Web Site: www.butlercc.edu/financial-aid

**Butler Student
ID Number:**

1ACCESS

Student Last Name _____ First Name _____ M.I. _____ Example: @00111111 or Z00011111

2018-2019 ACCESS SCHOLARSHIP APPLICATION

The purpose of this scholarship is to encourage adult students to continue their education with classes at Butler Community College.

Day Phone: _____ Evening Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Semester and Year: Fall _____ Spring _____ Summer _____

Course Name	CRN #	Credit Hours	Site

Have you ever attended college before? Check One → Yes No

If yes, where and when did you last attend?

School _____ Semester/Year _____

Scholarships are limited and are available on a first come first serve basis. To be eligible for this scholarship students must:

1. Have received a high school diploma or GED issued in the United States. **The Registrar's Office must have an official copy on file.**
2. Be a Kansas resident.

In addition, students cannot:

3. Have attended high school or college classes during the previous twelve months.
4. Be a guest student.
5. Already have a college degree.
6. Be a Senior Citizen receiving the tuition discount.
7. Be receiving any other form of financial aid.
8. Already have received this scholarship. Students can only receive this scholarship once.

The Access Scholarship is limited to one semester. The scholarship will cover the tuition cost for a maximum of 6 credit hours, and is available for all classes except "Audit" classes. The student is responsible for any fees, textbooks, and/or lab supplies required for the course. An Academic Advisor must sign the scholarship application. Deadline for the Access Scholarship application is the first day of classes, or until funds are exhausted.

I understand the above regulations, and I am eligible to apply.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Return To: Financial Aid Office
901 S Haverhill Road – El Dorado, KS 67042

Notice of Nondiscrimination (Equal Opportunity Employment)

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.