



Office of Scholarships and Financial Assistance

### Horizon Program Scholarship Application

The Horizon program accepts applications each year from Horizon students for two endowed scholarships. Academics and demonstrated need serve as the criteria for selecting the recipients.

If you would like to be considered for either of these scholarships, complete this application form and return it to us. **You must complete the FAFSA ([www.fafsa.ed.gov](http://www.fafsa.ed.gov)) in order to be considered for these scholarships.**

**Please print or type**

Name: \_\_\_\_\_ Social security number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Total number of credits earned to date: \_\_\_\_\_  
Total number of credits earned at Hollins to date: \_\_\_\_\_

Anticipated annual gross earnings  
Self: \$ \_\_\_\_\_ Occupation: \_\_\_\_\_  
Spouse: \$ \_\_\_\_\_ Occupation: \_\_\_\_\_

Amount and source of additional income: \$ \_\_\_\_\_  
\_\_\_\_\_

Total savings, investments, etc.: \_\_\_\_\_

Number and ages of any dependents: Number: \_\_\_\_\_ Ages: \_\_\_\_\_

Source and amount of other financial obligations (mortgage, utilities, food, insurance):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include any additional information that would clarify your scholarship needs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All information will remain confidential**