



STARK STATE COLLEGE

Changing Lives ... Building Futures

Graco Engineering Technology Annual Scholarship Application

APPLICATION
DEADLINE
November 1

6200 Frank Ave. N.W.
Canton, OH 44720-7299
Financial Aid Office
330-966-5456, Ext. 4301
www.starkstate.edu



D R A F T

Graco Engineering Technology Scholarship

This scholarship is sponsored by the Graco Foundation. The mission of the scholarship is to encourage individuals to complete associate degrees and training in engineering technology at Stark State College of Technology.

Scholarship awards shall be provided to the student by crediting the student's account for tuition, books, fees, and lab supplies. Scholarship awards may also be used for transportation and child care expenses.

SCHOLARSHIP AWARDING CRITERIA

To be eligible, a student must:

- Be a graduate of a Stark County High School;
- Have a grade point average (GPA) of 3.0 or better;
- Complete the Graco Scholarship Application no later than April 1
- Students must obtain a recommendation from an engineering technology faculty member or department chair.

Application deadline: November 1

Application forms are available at one of the following locations:

Financial Aid Office
Stark State College of Technology
6200 Frank Ave. N.W.
Canton, OH 44720-7299
Telephone: 330-966-5456, Ext. 4301

Engineering Technology Division
Stark State College of Technology
6200 Frank Ave. N.W.
Canton, OH 44720-7299
Telephone: 330-966-5461

Online printable application: _____



Graco Engineering Technology Scholarship

Please send your completed application to:
Stark State College
Financial Aid Office
6200 Frank Avenue N.W.
Canton, OH 44270-7299

Student Name _____ SS# _____

Address _____
Street City State Zip

Apt. _____ County of Residence _____

Home Phone _____ Work Phone _____

Course of Study _____ GPA _____

Contact Person _____ Phone _____

Address _____
Street City State Zip

What is your purpose and/or goal in attending Stark State College?

Have you filed a FAFSA? Yes No

Release of information

I authorize the Financial Aid Office/representative of Stark State College to exchange financial, academic and other information necessary in determining eligibility for this scholarship. I also authorize the release of my name and the amount of my scholarship award for publicity purposes.

Student Signature _____ Date _____

Instructor Written Recommendation:

By _____ Title _____
Please print

Signature _____ Date _____

Instructor/Department Chair Written Recommendation:

By _____ Title _____
Please print

Organization/Program _____

Signature _____ Date _____