



Need Based Scholarship Application

The Pellissippi State Foundation offers financial assistance to its students to attend the Introduction to Aviation program. This scholarship is intended to assist families who demonstrate a financial need. Pellissippi State is seeking applicants whose families lack the financial resources to fund this training for the student. Student financial eligibility shall include documentation that the applicant has an economic hardship that is an impediment to participating in this course without PSCC's assistance. The assessment of a candidate's economic hardship will be based upon the parent's income.

Name of applicant: _____

Date of Birth: _____

Address: _____

Marital Status: _____

Number of individuals who will reside in my/our household during 2021-2022 _____

List Individuals in your household

Name	Age	Relationship to Student

Unusual Circumstances

- | | | | |
|--------------------------------|--------------------------|-------------------------|--------------------------|
| Loss of job | <input type="checkbox"/> | Illness or Injury | <input type="checkbox"/> |
| Recent separation/divorce | <input type="checkbox"/> | Death in family | <input type="checkbox"/> |
| Change in family living status | <input type="checkbox"/> | Child support reduction | <input type="checkbox"/> |
| Change in work status | <input type="checkbox"/> | Medical Expenses | <input type="checkbox"/> |
| Bankruptcy | <input type="checkbox"/> | Income reduction | <input type="checkbox"/> |
| College Expenses | <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> |

Parent(s)/Guardian(s) Annual Total Income (salary, wages, cash, bonuses, net employment from businesses)

Parent 1 -Mothers Name: _____

Date of Birth: _____

Employer: _____

Job Title: _____

Employer Phone: _____

Total Monthly Gross Income: _____

Parent 2 -Fathers Name: _____

Date of Birth: _____

Employer: _____

Job Title: _____

Employer Phone: _____

Total Monthly Gross Income: _____

Applicants Income (if any):

Employer: _____

Job Title: _____

Employer Phone: _____

Total Monthly Gross Income: _____

Total Annual Household Income: _____

Parent 1 -Signature

Applicant Signature

Parent 2 – Signature

Upon completion of this form, please save and email to bcspstcc.edu or mail to:

Pellissippi State Community College - Business & Community Services
10915 Hardin Valley Road
Knoxville, TN 37933