

Haywood Strong Application For Mill Employees

Personal Inform	ation
First Name:	Middle Initial:
Last Name:	
Street Address:	
City:	
State:	Zip Code:
E-mail Address:	
Student ID:	Phone Number:
If referred, by whom:	
Academic Infor	mation What is your educational goal?
Scholarship: U	o to \$1,000 per semester
Scholarship funds a	are not paid directly to the applicant. Amount is applied to their account. Amount can be used for Tuition, Books,

Fees and/or supplies

Are/Were you employed at the Mill?			
What other sou	ces of income, assistance, or support do you receive?		
Student Signa	ire: Date:		
	eted form and invoice copies to hcc-scholarships@haywood.edu; or in person at on Office Balsam (110) Building, 185 Freedlander Dr., Clyde, NC 28721.		
Office Use O	ly		
How did studer	hear about H.A.?		
Approved	☐ Denied ☐		
Amount Awarded	Awarded By:		
Signature	Date		
Notes			