



Late Application for the SEBC Grant

Name: _____ Date of Birth: _____
Last First MM / DD / YY

Financial Aid Year: 20__ / 20__
YY YY

Answer the following in a short and concise response:

- Describe the circumstances that you feel should qualify you for this need-based grant.

FOR OFFICE USE ONLY BELOW THIS LINE

FAFSA FILED: _____ EFC: _____ Cumulative SEBC GPA: _____
MM/ DD/ YY

Scholarship Committee has: **Approved:** ____/____/____ **Denied:** ____/____/____
MM/ DD/ YY MM/ DD/ YY

Comments: _____

Signature of Committee Member Present: _____ Date: _____