



Pinal mountain
foundation for higher education

Pinal Mountain Foundation for Higher Education
P.O. Box 2656
Globe, Arizona 85502
928.425.8481
www.pmfhe.org

Pinal Mountain Foundation for Higher Education Scholarship Criteria - Fall Semester 2015

- Applicant must be **enrolled as a full-time student** (minimum of at least 12 credits) or in a **full-time work-force development program leading to a certificate of Proficiency**.
- Applicant must submit this completed application along with a letter to foundation executive board outlining **statement of need**, and outline **how funds will be expended**, i.e. tuition, books, lab fees. The applicant must also include **all documentation of any other financial assistance he/she is currently receiving**.
- **Two letters of recommendation** must accompany the application.
- Applicant must have **attained at least a grade point average of 2.5** and **attach a copy of their grade point average**.
- Students who meet the above criteria will be considered regardless of race, ethnicity, religion, or gender.
- **All applications packets must be received by mail or in person at the Administration Office of the Gila Pueblo Campus by 5:00 pm July 9, 2014. Mark your packet to the attention of: PMFHE. Recipients will be notified within 5 days. The Awards Ceremonies will be on July 17, 2014 @ 3:30 PM in Room 522 at the Gila Pueblo Campus; Six Shooter Canyon; Globe, AZ.**

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PINAL MOUNTAIN
foundation for higher education

Creating futures... for the residents of Southern Gila County.
PMFHE is a non-profit 501c3 foundation. Memberships and/or donations are tax deductible.



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Fall 2015 Scholarship Application

ELIGIBILITY: Any Gila County student who is attending Gila County Community College at Gila Pueblo or San Carlos Campuses.

Return application to Pinal Mountain Foundation for Higher Education P.O. Box 2656; Globe, Arizona 85502 or deliver to the Gila Community College, Gila Pueblo Campus, Administration Office. **Faxed applications will not be accepted.**

Name: _____

Daytime Phone: _____

Mailing Address: _____

Street: _____

City: _____ State: _____ Zip Code: _____

GCC/EAC Student ID: _____ **OR**

Last 4 Digits of Social Security Number: XXX-XX- _____

Full-time student (will enroll in 12 or more credits): **Yes** **No**

GPA _____ **Study Course or Degree Desired** _____

Workforce development student: **Yes** **No**

HONORS AND AWARDS:



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ACTIVITIES:

COMMUNITY SERVICE:

EMPLOYMENT:

EMPHASIZE YOUR GOALS:

(If there is not enough space in any of the categories, please attach an additional sheet to the application)

Please follow the instruction sheet and complete the application along with requested additional information. ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED.



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