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Keene Academic Center
438 Washington St., Keene, NH 03431
Phone: 603.357.2142
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Lebanon Academic Center
15 Hanover St, Lebanon, NH 03766
Phone: 603.443.4200
Fax: 603.443.6167

River Valley Community College
2019 SPRING Semester
Massage Therapy Program Scholarship Application

Name: _____ Student ID: _____

Mailing Address/ City/ State/Zip: _____

Financial Need Based Application

Merit Based Application

Application Requirements:

1. Submit a copy of your RVCC transcript from your SIS with this application to **RVCC's Financial Aid Office, 1 College Place, Claremont, NH 03743, or by email: jdale@ccsnh.edu, or by FAX.** For current students a minimum grade point average of 3.0 is required for eligibility. (Merit Based Application only).
2. Submit an essay in no less than 500-1000 words responding to the following:
 - a. What inspires you to a career in massage therapy?
 - b. What attributes do you bring to this profession?
 - c. Describe what you envision for your future practice as a massage therapist and how you will attain this vision.
3. An in-person or phone interview may be requested with a member of the RVCC Scholarship Committee.

Scholarship Rules:

1. All applications must be received no later than 5:00 p.m. on **February 01, 2019.**
2. All candidates will receive notification of the end status of their application submission by **March 04, 2019.**
3. Scholarship awards are determined by the RVCC Scholarship Committee.
4. Merit-based scholarships will be awarded in the amount of: \$250 for 12+ credits
\$125 for 6-11 credits
\$65 for one class
5. Need-based scholarships will be awarded in the amount of: \$250 for 12+ credits
\$125 for 6-11 credits
\$65 for one class

STATEMENT OF ACCURACY

Please read & initialize each statement below if you agree:

- The essay submitted with this application is a reflection of my own thoughts and in my own words. _____ (your initials)
- I agree to have my photo taken and used by RVCC for any promotional purposes relative to this Scholarship Program. _____ (your initials)
- I affirm that the information provided above and accompanying this application is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Awards will be disbursed directly into RVCC Students Accounts by **March 11, 2019*