

CPCC FOUNDATION SCHOLARSHIP APPLICATION

INSTRUCTIONS:

1. To be considered, turn in a completed application with all applicable signatures to the Financial Aid Office.
2. Submit a new application each academic year or as required by scholarship criteria.
3. Check the specific scholarship criteria and other relevant information at: www.cpcc.edu/financial_aid/scholarships.
4. College/Foundation may require an attached written statement describing educational goals and other relevant information (see scholarship criteria.)

PERSONAL INFORMATION: (please print)

Student's Full Name: _____
(First) (Middle) (Last)

CPCC Student ID #: _____ Email: _____
For identification purposes, please provide your Social Security Number if you are not a CPCC student. (optional)

Home Address: _____
(Street) (Apt. #) (City) (State) (Zip)

Home Phone: _____ Alternate Phone: _____

CURRENT CPCC STUDENTS:

Have you completed the free application for federal student aid (FAFSA)? Yes No **Apply at www.fafsa.ed.gov**

Are you presently receiving a CPCC scholarship(s)? Yes No If so, please name: _____

Do you have other sponsors paying tuition and books? Yes No If so, please name: _____

What is your program of study/major? _____ What is your GPA? _____

How many credits have you completed? _____ Are you enrolled full- or part-time at CPCC? Full-time Part-time
(12 or more credits) (less than 12 credits)

What are your career goals? _____

HIGH SCHOOL / ADULT HIGH SCHOOL / GED STUDENTS:

What is the name of your school? _____ City and state of your school: _____

What is your graduation date? (MM/YYYY) _____ What is your cumulative GPA? _____

Indicate your course of study: _____

Have your official transcripts been sent to CPCC? Yes No

What is your planned program of study at CPCC? _____

If you graduated or will graduate this year, have your Guidance Counselor or Registrar sign here: _____

AUTHORIZATION INFORMATION:

(initial) I release to Central Piedmont Community College (CPCC) and the CPCC Foundation the right to access all my current and ongoing personal and education records at CPCC. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for CPCC and the CPCC Foundation.

(initial) I understand my name and information from my academic history may be released to the scholarship selection committee and the scholarship donor(s). If awarded a scholarship, I release to CPCC and the CPCC Foundation, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee and scholarship donor(s).

Student Signature: _____ Date: _____

RETURN YOUR COMPLETED APPLICATION TO:

CPCC Financial Aid/Veterans Affairs Office • P.O. Box 35009, Charlotte, NC 28235-5009 • Fax - 704.330.5053

OFFICE USE ONLY:

Recommended by: _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Financial Aid Office Signature: _____	Date: _____	Remarks: _____	
Scholarship Fund Recommended: _____	Date: _____	_____	
Foundation Executive Director Signature: _____	Date: _____	_____	
Scholarship Awarded: _____	Date: _____	_____	