



Building A, Room 309  
 3300 Macon Tech Drive  
 Macon, GA 31206  
 (478) 757-3503 • Fax: (478) 757-2574

## STUDENT SCHOLARSHIP APPLICATION

Any Central Georgia Technical College student with a financial need may submit a request for funds. **Applications that are incomplete will not be accepted.** Completed applications should be forwarded to the CGTC Foundation Scholarship Committee for review.

Name			Student ID Number	
Mailing Address				
Phone Number		E-mail Address		
Are you a first semester student? <input type="checkbox"/> yes <input type="checkbox"/> no	I am enrolled in <input type="checkbox"/> Technical Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree			
My program area is				
My advisor is				

Amount of request (total): \$ \_\_\_\_\_

Semester: Fall  Spring  Summer

1. **Attach an essay addressing your need, how the funds will be used, what avenues that have been exhausted, and how the funds will effect your long-term goals. (ESSAY MUST BE ATTACHED FOR APPLICATION TO BE CONSIDERED.)**
2. **Attach an estimate or printout from the CGTC Business Office or the CGTC Bookstore. (ESTIMATE MUST BE ATTACHED FOR APPLICATION TO BE CONSIDERED.)**

**Please answer the following questions:**

Have you contacted the Financial Aid Office to discuss your needs?  yes  no

What was the recommendation from the Financial Aid Office? \_\_\_\_\_  
 \_\_\_\_\_

Have you received prior support from the CGTC Foundation?  yes  no

If yes, what was the support and when? \_\_\_\_\_  
 \_\_\_\_\_

In regards to other sources of funding, have you contacted other agencies?  yes  no

If yes, please list.  
 \_\_\_\_\_  
 \_\_\_\_\_

What were the reasons for **denial** from this or other programs?

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The information contained within this application is true to the best of my knowledge. I have exhausted all other means of financial support. The scholarship committee has my permission to inquire further into my need for financial assistance.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
*THIS SECTION TO BE COMPLETED BY THE SCHOLARSHIP COMMITTEE*

**FOR COMMITTEE USE ONLY**

yes  no Essay attached

yes  no Estimate attached

yes  no Essay answers all questions

yes  no All resources exhausted by student

Student score: \_\_\_\_\_

\_\_\_\_\_  
EXECUTIVE DIRECTOR OF THE FOUNDATION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CGTC SCHOLARSHIP COMMITTEE CHAIR

\_\_\_\_\_  
DATE

The approved application was forwarded to the CGTC Foundation office

\_\_\_\_\_  
DATE

The student applicant was notified of the  approval  denial of the requested funds.

STUDENT WAS NOTIFIED BY:

\_\_\_\_\_  
FOUNDATION STAFF

\_\_\_\_\_  
DATE