

## City Colleges of Chicago Book Scholarship Application

Thank you for your interest in a City Colleges of Chicago (CCC) scholarship. Please use the check list below to ensure your application is complete. Please carefully review the eligibility criteria and other information available on line at <http://www.ccc.edu/scholarships/> and read the following important reminders.

- 1** It is your responsibility to ensure that a complete application packet and a letter of recommendation are mailed to the address below prior to the application deadline. Deadlines are posted on our website at <http://www.ccc.edu/scholarships/>.
- 2** Recommenders must send their completed recommendations directly to the address below. Please provide an addressed, stamped envelope to your recommender to facilitate this process.
- 3** Applications lacking any required information will be considered incomplete and will be discarded.

### APPLICATION REQUIREMENTS

Please check mark (√) completed items

#### Application Form

- Reviewed eligibility criteria and other information on line at <http://www.ccc.edu/scholarships/>.
- Completed and signed application, including response to the mandatory question.
- Ensured a completed recommendation form was sent directly to the address below.

#### Transcripts

<u>High School Applicants</u> (Required if 6 credit hours or less of college has been completed)	<u>Transferring College Applicants</u> (Required if transferring from a non-CCC college)	<u>City Colleges Applicants</u>
<input type="checkbox"/> Enclosed transcript	<input type="checkbox"/> Enclosed transcript	<input type="checkbox"/> Transcript not required
<input type="checkbox"/> Enclosed ACT or SAT test scores		

#### Financial Aid Process (check only one box)

- U.S. citizens and eligible non-citizens: completed the financial aid process (FAFSA application is available on line at [www.fafsa.ed.gov](http://www.fafsa.ed.gov)) and enclosed Student Aid Report (SAR).
- Ineligible non-U.S. citizens: completed the Scholarship Qualification Process (available on line at <http://www.ccc.edu/financialaid/scholarshipdocs.shtml>) and enclosed the following forms: Scholarship Eligibility Request Form, Financial Need Assessment Form (in lieu of FAFSA and SAR), and an Affidavit of Eligibility for Scholarships.

#### Deadline

- Forwarded application packet **before** deadline.
- Followed-up with recommender. Forms received after deadline will **not** be reviewed.

#### Return completed application to:

Office of Development  
ATTN: Scholarships  
City Colleges of Chicago  
226 West Jackson Boulevard  
Chicago, IL 60606-6998

Phone: 312-553-2780  
Email: [mmutz@ccc.edu](mailto:mmutz@ccc.edu)

## City Colleges of Chicago Book Scholarship Application

<b>Name of scholarship:</b> _____	<b>Date:</b> _____
<b>Have you ever received this scholarship?</b> <input type="checkbox"/> Yes, term _____ <input type="checkbox"/> No	

<b>Name:</b> _____		
<small>Last</small>	<small>First</small>	<small>MI</small>
<b>Student ID:</b> _____	<b>U.S. Citizen?</b> Yes ___ No ___	
	<b>Permanent US Resident?</b> Yes ___ No ___	
<b>Ethnicity (optional, circle all that apply):</b>		
African American	Asian American	Caucasian/white
Native American	Other: _____	Hispanic American
<b>Date of birth:</b> ____/____/____	<b>Gender:</b> M F	
<b>Permanent address:</b>		
_____		_____
<small>Street address</small>		<small>Apartment number</small>
_____	_____	_____
<small>City</small>	<small>State</small>	<small>Postal code</small>
<b>Phone(s):</b> _____ - _____ - _____	<b>Email:</b> _____	
_____ - _____ - _____		

<b><u>High School (ONLY IF fewer than 6 credit hours of college have been completed)</u></b>	
<b>Cumulative GPA:</b> _____	based on a _____ scale
<b>Transcript attached:</b> Yes ___ No ___	(to be sent separately) ACT ___ SAT ___
<b><u>College (ONLY IF transferring from a non-CCC college*)</u></b>	
<b>*Note: no need to submit a transcript for City Colleges coursework.</b>	
<b>Cumulative GPA:</b> _____	based on a _____ scale
<b>Transcript attached:</b> Yes ___ No ___	(to be sent separately)

<b>Which City College you are attending/would you like to attend?</b> _____
<b>Course of study:</b> _____
<b>Expected completion date:</b> _____

<b>Mandatory Question:</b> Why are you applying for this scholarship and how would this award be helpful to you? (Attach separate sheet, if needed.)
How did you hear about this scholarship?

I hereby certify that the information provided in this application is, to the best of my knowledge, true and correct. I have not knowingly withheld any facts that could otherwise jeopardize consideration of my application. Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), I hereby authorize the City Colleges of Chicago to release the scholarship application information provided by me, as well as other official City Colleges of Chicago information regarding my academic progress and status, for the purpose of evaluating my eligibility as a scholarship recipient. I understand that if any information provided on this application is found to be inaccurate, my scholarship may be revoked. I understand that scholarship awards are based on the availability of funds.

_____	_____
Signature of applicant	Date
_____	
Printed name of applicant	

## RECOMMENDATION FORM

**Applicant:** Complete the top portion of this page and give it to a recommender who knows you well. As a courtesy, please provide your recommender with a stamped envelope addressed as indicated below.

**Name of scholarship (this form may be used for multiple scholarships):** \_\_\_\_\_

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Deadline: \_\_\_\_\_  
 Name of the person completing this recommendation form: \_\_\_\_\_  
 Please explain your relationship to this person: \_\_\_\_\_

**OPTIONAL WAIVER OF RIGHT OF ACCESS**

The Family Educational and Privacy Act of 1974, as amended, allows a candidate for admission, employment or receipt of honors to waive his or her right of access to confidential letters or statements written in his or her behalf if the recommendation is used solely for the purpose of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the name of all persons making such recommendations on his or her behalf. The City Colleges of Chicago does not require that you make such a waiver as a condition for admission or award of a scholarship. However, you have the option of signing such a waiver as below in the event that your recommender requires that you waive access to the recommendation.

I hereby waive my right of access to this recommendation form and any appropriate attachments which have been written by the above named person on behalf of my City Colleges scholarship application.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Recommender:** Thank you for agreeing to submit a recommendation in support of this scholarship applicant. Your comments will not be disclosed to the applicant (if the above optional waiver has been signed), will be available only to those involved in the scholarship decision process, and will be destroyed when no longer needed for scholarship decision purposes. Please use this form to provide an evaluation of this applicant (use additional pages, if needed). Complete both pages of the form and sign it. Thank you very much for taking the time to provide this critical input!

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_  
**How long and in what capacity have you known the applicant?** \_\_\_\_\_  
 \_\_\_\_\_  
**What three or four words would you use to describe the applicant?** \_\_\_\_\_  
 \_\_\_\_\_

Please rate the applicant in each of the following areas:

	One of the Best I've Ever Seen	Excellent	Above Average	Average	Below Average	Not Able to Rate
Potential for college success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity (scholastic or artistic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity and integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment and follow through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# RECOMMENDATION FORM

**Applicant's name:** \_\_\_\_\_

**What are the applicant's principal strengths?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What are the applicant's principal weaknesses/development needs?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How has the applicant demonstrated leadership ability or commitment to the community? Please give a specific example.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Overall, I rate this scholarship applicant as follows:

	Enthusiastically	Strongly	Fairly strongly	Without enthusiasm	Not recommended
For academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character and personal distinction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you have additional comments that would assist the Scholarship Review Committee in making a decision, please use the space below or attach an additional sheet of paper. Thank you again for your help!**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of recommender

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of recommender

**Please return this form and any additional sheets to: Office of Development, ATTN: Scholarships, City Colleges of Chicago, 226 West Jackson Boulevard, Chicago, IL 60606-6998.**