

City Colleges of Chicago 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 letters 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 each 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 responses to questions on page 2.
- Ensured two (2) completed recommendation forms were sent directly to the address below.

Transcripts

High School Applicants (Required if 6 credit hours or less of college has been completed)	Transferring College Applicants (Required if transferring from a non-CCC college)	City Colleges Applicants
<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) 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 recommenders. 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

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

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

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

Colleges/universities attended (other than City Colleges of Chicago)		
<i><u>Institution</u></i>	<i><u>Dates of Attendance</u></i>	<i><u>Credits/Degree/Certificate Earned</u></i>
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Which City College you are attending/would you like to attend? _____		
Course of study: _____	Expected completion date: _____	
What is your long-term education goal?		
What is your long-term career goal?		

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Employment: If you work as well as go to school, please tell us where you work, how long you have worked there, what you do, and how many hours you work each week.

Community Involvement: If you volunteer in your community, please tell us what you do, how long you have been involved with the organization/activity, and how many hours you spend each week.

Mandatory Question: Why are you applying for this scholarship and how would this award be helpful to you? (Attach separate sheet, if needed.)

Optional: Please include any other information which could be helpful in evaluating this application (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 are as:

	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, 10th Floor, Chicago, IL 60606-6998.