



Clinton Community College Foundation  
College Advancement Program  
2024 – 2025 Scholarship Application

The Clinton Community College (CCC) Foundation awards scholarships to eligible high school students taking classes through the College Advancement Program (CAP). The amount of the scholarship will vary each semester and depend on the funding available and the number of students applying. To qualify for the scholarship, students must meet the following criteria:

- Attend a CCC CAP participating high school
- Meet the eligibility criteria for the College Advancement Program
- Demonstrate financial need or extenuating financial circumstance
- Register for at least one CAP class

To apply, please fill out the attached application. Documentation of financial need must be presented to the school official completing the financial need portion of the application. It should be noted that if a student does not meet the qualifications for the governmental assistance programs listed on the application, they still may qualify for a scholarship if there are extenuating financial circumstances.

The deadline to submit the scholarship application is **September 27** for courses beginning in the fall semester and **February 14** for spring semester. Any application received after the deadline will not be considered for the scholarship. Students will be notified prior to the tuition due date whether they received a scholarship and the amount of the award. Scholarships are awarded each semester if funds are available, and applicants must submit a new application for each semester.

After completing the first page of the application, students should return the application to their high school guidance counselor or CAP site coordinator.

After completing the second page of the application, a high school official should mail a scanned copy of the scholarship application to the Early College Pathways Coordinator at [maggie.courson@clinton.edu](mailto:maggie.courson@clinton.edu).



## CCC Foundation CAP Scholarship Application

### Student Information (completed by student)

Name: \_\_\_\_\_ CCC ID# or Last 4 digits of SS#: \_\_\_\_\_

Street: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

GPA: \_\_\_\_\_ Semester of Scholarship Request: Fall 20\_\_ /Spring 20\_\_

List the **CCC CAP** courses(s) for which you would like scholarship consideration:

\_\_\_\_\_

### Academic Background and Goals (attach additional sheets as necessary)

Please describe the types of courses you enjoy.

What do you think you want to do after high school? Any college plans?

Please describe how this scholarship will help you reach your goals.

### Signatures

I certify that all the information provided is correct and true to the best of my knowledge. I understand that in the event that I have knowingly and willfully made false statements, I will be subject to any and all penalties under state and federal law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Parent or Guardian

\_\_\_\_\_  
Date



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**Documentation of Financial Need: This form is to be completed by a high school representative. An incomplete form will not be processed. Attach additional documentation if necessary.**

Applicant's Name \_\_\_\_\_

Name of School Official: \_\_\_\_\_ Position: \_\_\_\_\_

The student's family qualifies for one of the following governmental programs:

\_\_\_\_ Supplemental Nutrition Assistance Program (SNAP)

\_\_\_\_ Temporary Assistance for Needy Families (TANF)

\_\_\_\_ Medicaid

\_\_\_\_ Home Energy Assistance Program (HEAP)

\_\_\_\_ Other Federal or State Financial Assistance Program (Indicate Program Name Below)

\_\_\_\_ The student's family fits United Way's definition of Assets Limited Income Constrained Employed (ALICE)

\_\_\_\_ The student doesn't fit any of the above but has a unique financial situation (Please explain below.)

**Signature**

I certify that all the information provided is correct and true to the best of my knowledge. I understand that in the event that I have knowingly and willfully made false statements I will be subject to any and all penalties under state and federal law.

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date