Collegiate High Scholarship Information, Instructions & Application

Eligibility:
• This scholarship is offered to families with a maximum income of $40,000/year, combined with student's ACT composite score of 19+.
• Students must maintain a 2.75 GPA.
• Consideration will be given to families with a large household size that exceeds the income by no more than 15%.
• Students eligible for this scholarship must meet the criteria of providing service hours to the college.
• The Collegiate High scholarship committee makes scholarship recommendations.
• Scholarships are awarded per semester and students must apply each semester. Should a scholarship recipient withdraw from Chattanooga State during the semester, the Chattanooga State repayment guidelines will apply.

How to apply for the scholarship:
1. Complete the attached Collegiate Scholarship Application. Complete all applicable blanks and print. Make sure parents/guardians sign the application.
2. Must have a personal statement detailing why you choose to attend Collegiate High at Chattanooga State. The statement must include the reasons why you are applying for a scholarship and career goals. Attach a copy of your parents/guardians most recent tax form showing annual income (do not attach W-2 forms).
3. Return application and tax forms to:
   Collegiate High at Chattanooga State Office, OMNI-21
   4501 Amnicola Highway
   Chattanooga, TN 37406

Priority deadline for application:
• Fall semester deadline: July 25
• Spring semester deadline: November 15
• Fax to 423-697-2676 or email to CollegiateHigh@chattanoogastate.edu

Checklist for scholarship submission:

FALL SEMESTER
___ Complete and sign the Scholarship Application • Include all required letters
___ Parents/Guardians sign the application
___ Attach a copy of your parents/guardians most recent Tax Form 1040/1040A that shows the Adjusted Gross Income (Do not attach a W-2 Form).
___ Submit all information on or before the due date

SPRING SEMESTER
If you applied Fall Semester, no new financial information required for Spring Semester.
___ Complete the Scholarship Application
___ Sign application (Parent/Guardian signatures are needed)
___ Submit signed application on or before the due date

IF YOU DO NOT APPLY FALL SEMESTER
___ Complete and sign the Scholarship Application. Include your personal statement (See #3 above).
___ Complete and sign the Scholarship Application • Include all required letters
___ Parents/Guardians sign the application
___ Attach a copy of your parents/guardians most recent Tax Form 1040/1040A that shows the Adjusted Gross Income (Do not attach a W-2 Form).
___ Submit all information on or before the due date
Scholarship Application

Personal Information:

Student Name ___________________________ Social Security # ___________________________

Address ________________________________________________________________

City ______________________ State _______ Zip ______________

Home Phone: ___________________________ Date of Birth ______________________________

Are you related to anyone who works at Chattanooga State or the Chattanooga State Foundation? YES NO

If so, what is your relationship ___________________________________________________________

You are encouraged to provide the following information needed by Chattanooga State to report to the Department of Education: Gender ______ National Origin _____________________________

Male or Female Asian, Black, Caucasian, Hispanic, Native American, Other?

Parent/Guardian Information:

Parent(s)/Guardian(s) Name(s) ___________________________ Phone __________________________

Parent /Guardian Place of Employment ___________________________ Annual Income ______________

Parent /Guardian Place of Employment ___________________________ Annual Income ______________

Number of people supported by this income ______________________ Number of family in school ______________

Statement regarding financial need __________________________________________________________

___________________________________________________________

Student Finances:

Do you work? YES NO If Yes, where? _______________________________________________________

How much do you earn? ___________________________ How many hours a week do you work? ______________

What is the minimum amount of financial assistance for which you are applying? ______________

Are there circumstances other than those already addressed that should be considered? (If necessary, attach your response to this form.) __________________________________________________________

We certify that the information on this form is correct to the best of our knowledge. We agree to adhere to the eligibility requirements for recipient of this scholarship. Information may be released on a need to know basis to all parties involved in reviewing criteria for awarding scholarships.

Student Signature ___________________________ Date __________________________

Parent Signature ___________________________ Date __________________________

Pub. No. 11-70-299001-220-5/16/bap • Form 1133 • 1 PDF • Chattanooga State Community College is an AA/EEO employer and does not discriminate on the basis of race, color, national origin, sex, disability or age in its program and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director and Affirmative Action Officer, 4501 Amnicola Highway, Chattanooga, TN 37406, 423-697-4457.