

**CAPE COD COMMUNITY COLLEGE  
EDUCATIONAL FOUNDATION**

**SCHOLARSHIP NAME:** \_\_\_\_\_

PRESENTED BY/IN HONOR/MEMORY OF (optional): \_\_\_\_\_

**FUNDING CONTACT (required)**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**ADDITIONAL CONTACT (optional)**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**TYPE OF SCHOLARSHIP (required)**

**NON-COMMENCEMENT:** awarded to current and incoming students, or

**COMMENCEMENT:** awarded to graduating students of Cape Cod Community College, who will continue their education at an accredited institution of higher learning

*and*

**ENDOWED SCHOLARSHIP:** with a minimum gift of \$20,000

**INDIVIDUAL SCHOLARSHIP(S):** with a minimum gift of \$500

1 at \$ \_\_\_\_\_ 2 at \$ \_\_\_\_\_ 3 at \$ \_\_\_\_\_

**SCHOLARSHIP DISTRIBUTION (required)**

Full amount awarded in one semester:  Fall 2018 Semester  Spring 2019 Semester

Half of amount awarded for the Fall semester and half of amount awarded for the Spring semester

**SCHOLARSHIP CRITERIA**

GPA: Must meet minimum criteria of \_\_\_\_\_ and/or \_\_\_\_\_ Financial need with a FAFSA on file at CCCC

MAJOR or specific area of study: \_\_\_\_\_

RESIDENT OF: \_\_\_\_\_  Full Student Body\*

\*I understand that The Scholarship Committee will review all applications if an appropriate resident applicant is not found.

FULL-TIME STUDENT (12+ Credits 8+ for Nursing)  PART-TIME STUDENT (6 Credits)

NON-TRADITIONAL AGE: someone who has been out of high school for at least 10 years

SUBMIT WRITTEN ESSAY DESCRIBING CAREER PLANS/EDUCATIONAL GOALS

OTHER FACTORS FOR CONSIDERATION: \_\_\_\_\_

The scholarship information and criteria listed above are acceptable for selection of the May 2018 recipient.

If a suitable scholarship recipient is not found, or if the awarded scholarship is forfeited, your donation will be reinvested into the Foundation's General Scholarship Fund and distributed at the discretion of the board of directors.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Cape Cod Community College Educational Foundation is strongly committed to Affirmative Action and Equal Opportunity and does not discriminate on the basis of race, religion, sex, national origin, age, veteran status, disability, marital status, or sexual orientation in any of its programs or activities.*