

COLORADO MOUNTAIN COLLEGE FOUNDATION SCHOLARSHIP APPLICATION



Note: The Clough Fellowship scholarship program requires a separate application. Please refer to scholarship contact information.
Si tienes preguntas sobre la solicitud de beca, llama a Yesenia Areola al tel: (970) 947-8374 y con mucho gusto te atenderan.

Name of Applicant: Last First Middle

Birth date CMC Student ID Number (if available) Home Phone Number

Cell/Work Number E-mail Address

Permanent Mailing Address			Physical Address		
City	State	Zip	City	State	Zip

County of Residence	Years in CMC District/Service area	Years in State of Colorado
<input type="checkbox"/> High School Graduate Date of Graduation	<input type="checkbox"/> GED Recipient Name of High School Attended	<input type="checkbox"/> GED Recipient Date of GED

Class level at CMC (Freshman, Sophomore, BSBA, Continuing) CMC Enrollment Date GPA (transcripts required)

Campus/Site you plan to attend Part-time/Full-time

First Generation College Student (First generation in your family to attend college)

Intending to pursue BSBA or BASS degree at CMC

Area of study – degree or certificate program (refer to CMC catalog or advisor).

Supporting Documents: Include the following supporting documents with your application. Incomplete applications will not be considered.

1. Statement: To help us understand your attitudes and scholarship qualifications, we ask that you accompany this application with a summary statement providing:

- Your educational and career goals
- How you meet eligibility requirements for scholarships
- Special circumstances to be considered
- Why you deserve a scholarship
- Recent honors or awards
- Participation in community/campus (volunteer work)

It is Important that you take time to check your grammar and spelling

2. Recommendation Letters: Include two (2) letters of recommendation from faculty, community members, employers or others who know of your character and qualifications and would be able to reinforce your educational career goals.

3. Completed Financial Form (Page 2 of this application)

4. High School or College Transcripts

5. List of scholarships for which you are applying

I authorize release of the above information and my photo for use in published materials. _____
Signature for Release

Return application and supporting documents to: CMC Foundation, PO Box 1763, Glenwood Springs, CO 81602

FINANCIAL INFORMATION

(Please note: This information is confidential. Foundation Scholarship selection committees retain the right to request additional financial information e.g. annual tax returns).

	Name	Occupation and Employer	Annual Income
Applicant			
Spouse			
*Father (or guardian)			
*Mother (or guardian)			

*Parent/guardian and sibling information required for students under the age of 24.

*Siblings (under 24)	Age	School Attending	Grade

Estimated Cost of College Education Per Year		Estimated Family Living Expenses Per Year	
Tuition & Fees	\$	Mortgage/Rent	\$
Room & Board	\$	Utilities	\$
Books	\$	Food	\$
Other	\$	Other	\$
TOTAL	\$	TOTAL PER YEAR	\$

Funds Available to Meet Your College Costs

If you reasonably expect money from a source, but are not sure, please list amount and, next to it, the date you expect to know.

	Certain	Possible	Notes
Personal Funds (Savings, cash, etc.)	\$	\$	
	\$	\$	
Loans (list type)	\$	\$	
	\$	\$	
Your Earnings (list source)	\$	\$	
	\$	\$	
Parental or Other Support	\$	\$	
	\$	\$	
Other Scholarships (name)	\$	\$	
	\$	\$	
Student Aid and/or Grants	\$	\$	
	\$	\$	
Other Income (explain)	\$	\$	
	\$	\$	
TOTAL ESTIMATED FUNDS AVAILABLE	\$	\$	
TOTAL FINANCIAL NEED	\$	\$	
Difference between estimated cost & funds available			
What is EFC according to FAFSA submission	\$		
<small>If eligible for FAFSA, include a copy of FAFSA SAR</small>			

I affirm that all statements in this application for financial assistance are true to the best of my knowledge.

Date _____ **APPLICANT'S SIGNATURE** _____

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