



**Code Administrators Association of Kentucky**  
***Tuition Assistance Scholarship Application for***  
**The George Mann Code Related Studies Award**

**AWARD AMOUNT IS \$1000**



APPLICANT NAME: \_\_\_\_\_  
Last First MI

HOME ADDRESS: \_\_\_\_\_  
Number & Street  
City State ZIP

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

The Institution of higher learning that you are attending and your major/field of study for this scholarship:

\_\_\_\_\_

**Institution Name:**

**Location:**

**Major:**

Term for which the scholarship is sought:  *Sophomore*  *Junior*  *Senior*  *Graduate School*

Tuition cost per semester: \$\_\_\_\_\_ Credit Hour: \$\_\_\_\_\_

***It is NOT required to be related to a CAAK member, however, if you are, please provide the following:***

MEMBER: \_\_\_\_\_  
Name Membership Number Relationship to Applicant

Employer/Department: \_\_\_\_\_

WORK ADDRESS: : \_\_\_\_\_  
Number & Street City, State, Zip Code

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**List all high schools, colleges, universities and trade schools you have attended.**

<b>Name of School</b>	<b>Dates:</b>	<b>Grade Pt Avg.</b>	<b>Degree</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## *Tuition Assistance Scholarship Application for Code Related Studies Award –*

List all employers, starting with most recent for the past year:

Job Title	Dates:	Business Name	Address/Location

List all memberships, clubs, volunteer groups, civil service performed for the past year:

Membership/Group Name	Dates:	Address/Location

**HAVE YOU RECEIVED A PRIOR SCHOLARSHIP FROM CAAK:**     None

Tommy Larrison Award     Joel Scarbrough Award     Robert Blanton Award     Code Related Studies Award

**Statement of applicant:**    In applying for consideration, I am aware that the scholarship is to be applied toward tuition only, unless otherwise specified. In the event that my tuition cost does not equal the full amount of the scholarship awarded, I understand that I will receive only the amount for the tuition.

If granted a scholarship, it is my intention to remain a full time student (minimum enrollment of 12 credit hours) for the term(s) for which the scholarship is applied; and within the field of study identified.

I verify that all information submitted is true and correct to the best of my knowledge.

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<b>Applicant Name</b>	<b>Applicant signature</b>	<b>Date</b>
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**EMAIL COMPLETED APPLICATION (ALL 4 PAGES AND ATTACHMENTS) TO:**

**CAAK Executive Assistant, George Mann    [caak\\_kentucky@caak.org](mailto:caak_kentucky@caak.org)**

**\*\*CONTINUED\*\***

***Tuition Assistance Scholarship Application  
for Code Related Studies Award –  
College Transcript Request***

The below listed college/higher education institution has my permission to release my official transcript to the scholarship sponsor:

\_\_\_\_\_ School/College name \_\_\_\_\_ School/College name

\_\_\_\_\_  
**Student Name** **Student signature** **Date**

**INSTRUCTIONS**

Higher Institution/college officials are requested to complete this form, attach a copy of the student's official transcript, including grades achieved and forward to the scholarship sponsor. Transcript must be received by the scholarship sponsor on or before July 1, prior to the scholastic year.

Scholarship Sponsor: Code Administrators Association of Kentucky (CAAK)  
Email transcript to: CAAK Executive Assistant, George Mann  
Email: [caak\\_kentucky@caak.org](mailto:caak_kentucky@caak.org)

PLEASE PROVIDE THE FOLLOWING INFORMATION EVEN IF GIVEN ON THE TRANSCRIPT.

Student's name: \_\_\_\_\_  
Last First MI

Student's Address: \_\_\_\_\_

Student's declared Major/Field of Study: \_\_\_\_\_

Institution's name issuing transcript: \_\_\_\_\_

Institution accredited by: \_\_\_\_\_

Student's date of attendance: \_\_\_\_\_  
From To

Cumulative grade point average (institution): Freshman yr: \_\_\_\_\_ Sophomore yr: \_\_\_\_\_ Junior yr: \_\_\_\_\_

**\*This must be completed and may be based on the most recent information available, if final results are not completed.**

Remarks by Counselors or Teachers that may be beneficial to scholarship sponsor (attachments allowed):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Institution Official

\_\_\_\_\_  
Signed name of Institution Official

*Tuition Assistance Scholarship Application  
for Code Related Studies Award –*  
**Reference Form**

This reference form must be received on or before July 1, prior to the scholastic year. An instructor, counselor, or employer must complete the reference form.

Student/applicant name: \_\_\_\_\_  
Last First MI

Name of Reference: \_\_\_\_\_

Reference signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reference job title/position: \_\_\_\_\_

Reference address: \_\_\_\_\_

Reference email address: \_\_\_\_\_

1. What is your relationship to, or in what capacity have you come to know the student/applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are some qualities of this applicant that lead you to believe he/she merits a scholarship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you know of any personal circumstance that might interfere with the applicant's success as a student of a higher education institution or the utilization of the scholarship funds in a suitable manner?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Additional comments (attachments are allowed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_