



Code Administrators Association of Kentucky

Tuition Assistance Scholarship Application

for children/grandchild of CAAK members



PLEASE SELECT THE SCHOLARSHIP THAT YOU ARE APPLYING FOR

- TOMMY LARRISON AWARD**
 JOEL SCARBROUGH AWARD
 ROBERT BLANTON AWARD
AWARD AMOUNT IS \$1000
 AWARD AMOUNT IS \$1000
 AWARD AMOUNT IS \$1000

APPLICANT NAME: _____
Last First MI

HOME ADDRESS: _____
Number & Street

City State ZIP

HOME PHONE: (____) _____ Cell (____) _____

E-MAIL ADDRESS: _____

Related CAAK MEMBER: _____
Name Membership Number Relationship to Applicant

Employer/Department: _____

WORK ADDRESS: : _____
Number & Street City, State, Zip Code

WORK PHONE: (____) _____ Email: _____

The Institution of higher learning that you plan to attend when utilizing this scholarship:

Institution Name	Address	City/State
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Term for which the scholarship is sought:
 Freshman
 Sophomore
 Junior
 Senior

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

HAVE YOU RECEIVED A PRIOR SCHOLARSHIP FROM CAAK: None

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

****CONTINUED****

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

Name of School **Dates:** **Grade Pt Avg.** **Degree**

List all employers, starting with most recent.

Job Title **Dates:** **Business Name** **Address/Location**

List all memberships, clubs, volunteer groups, civil service.

Membership/Group Name **Dates:** **Address/Location**

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.

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

Applicant Name

Applicant signature

Date

EMAIL COMPLETED APPLICATION (ALL 4 PAGES AND ATTACHMENTS)

To: CAAK Scholarship Chair, Joseph Lyons - jlyons@cityofsomerset.com

****CONTINUED****

Tuition Assistance Scholarship Application for children/grandchild of CAAK members – High School and/or College Transcript Request

The below listed high school/college has my permission to release my official transcript to the scholarship sponsor:

_____ School/College name _____ School/College name

Student Name _____ **Student signature** _____ **Date** _____

INSTRUCTIONS

High school/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 Scholarship Chair - Joseph Lyons
Email: jlyons@cityofsomerset.com

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

Student’s name: _____
Last First MI

Student’s Address: _____

Institution’s name issuing transcript: _____

Institution accredited by: _____

Student’s date of attendance: _____
From To

Cumulative grade point average (institution): SAT VERBAL _____ SAT MATH _____ EXAM DATE _____
ACT Composite _____ High school class size _____ Student’s Class Ranking _____

***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 School Official

Signed name of School Official

******OFFICIAL COPY OF TRANSCRIPT MUST BE ATTACHED WITH THIS FORM******

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Reference Form

This reference form must be received on or before July 1, prior to the scholastic year. It is preferred that a teacher, counselor, or employer complete the reference form. If not in school or working, a personal reference is then acceptable.

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): _____

