

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.

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

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

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

*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): _____

