



# 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\*\***

## *Tuition Assistance Scholarship Application for children/grandchild of CAAK members –*

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>
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List all employers, starting with most recent.

<b>Job Title</b>	<b>Dates:</b>	<b>Business Name</b>	<b>Address/Location</b>
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List all memberships, clubs, volunteer groups, civil service.

<b>Membership/Group Name</b>	<b>Dates:</b>	<b>Address/Location</b>
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**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.

<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 Scholarship Chair, James Allen - [211@prestonsburgfire.com](mailto:211@prestonsburgfire.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 - James Allen  
Email: [211@prestonsburgfire.com](mailto:211@prestonsburgfire.com)

PLEASE PROVIDE THE FOLLOWING INFORMATION 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\*\*\*\***

*Tuition Assistance Scholarship Application  
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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): \_\_\_\_\_

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