



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.

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

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

Membership/Group Name	Dates:	Address/Location
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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
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EMAIL COMPLETED APPLICATION (ALL 4 PAGES AND ATTACHMENTS)

To: CAAK Scholarship Chair, Levi Wells - matthewl.wells@ky.gov

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

School/College name _____ School/College name _____

REV: JAN-2024

***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): _____

