

DUAL CREDIT SCHOLARSHIP APPLICATION 2017 - 2018 School Year

Submission Deadline: Monday, May 15, 2017

Beginning with the 2017-2018 school year, CCEF will fund one dual credit course per school year for CCISD students who submit a completed application and meet the criteria of the CCEF selection committee.

APPLICANT INFORMATION

Print in black or blue ink

Name	First	M	ddle Initial			Last
Permanent Address						
City, State, Zip						
Phone	Home		Mobile	е		
E-mail						
CCISD Student ID#						
SD SCHOOL INFORMA	ATION					
High School	Most Recent, Weighted GPA (on 4-point scale) Class Classification for NEXT (20: (Freshman, Sophomore,					
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Fall Semester - 2017	Spring Semester - 201	3 Si	mmer Session I - 2018		Summer Session II - 201	
Fall Semester - 2017	Spring Semester - 2018					
Fall Semester - 2017	Spring Seriester - 2016					
Fall Semester - 2017	Spring Seriester - 2011					
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HOOL and COMMUNITY	INVOLVEMENT: List school a		ated. (Do not atta	ch additio	Sophomore	Junior
HOOL and COMMUNITY ing high school and CHECK	INVOLVEMENT: List school a THE BOX for each school year	you particip	ated. (Do not atta Freshm	ch additio	onal information) Sophomore	Junior
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EMPLOYMENT: List any employment history, including place of work and position, during your time in high school and CHECK THE BOX for each school year you were employed in each position. (Do not attach additional information) **Employment History Sophomore** Freshman Junior П П П PERSONAL STATEMENT ESSAY: Your essay (between 250 and 500 words) should describe why you are enrolling in a dual credit course, your plans after high school graduation and your career goals. Type your essay on a separate sheet of paper, placing only **your student ID** $^{\sharp}$ (no name or any other identifying information) in the upper right hand corner of the page. **Submit** your essay, along with your completed application, as instructed below. **Application Checklist & Attachments** - DO NOT USE STAPLES **IMPORTANT:** Did you remember to ... ☐ Complete and sign this two-page application form? ☐ Fill in all sections (blank sections will result in disqualification)? ☐ Include your GPA and class rank? ☐ Include your **typed** personal statement essay? Student Signature: _Date: _____ Date: ____ Parent Signature: I certify the information provided in this application is, to the best of my knowledge, true and correct. I understand this application is subject to verification by the Corpus Christi Education Foundation (CCEF) at its discretion. My signature serves as permission for the CCEF, the Coastal Bend Community Foundation (CBCF) and CCISD to publish my/my child's name and photo in the event he/she receives a scholarship.

Applications must be postmarked or received by Monday, May 15, 2017

Incomplete and late applications will not be considered for award!

Submit Applications to:

Corpus Christi Education Foundation P.O. Box 2822 Corpus Christi, TX 78403

For Questions: Email <u>Eloisa.Dowiat@ccisd.us</u> or call (361) 695-7412

Application is posted online at www.ccef-ccisd.org