



Clinton Community College Foundation Stewart's Shops and Dake Family College Advancement Program Scholarship Application

The Clinton Community College (CCC) Foundation will award Stewart's Shops and Dake Family scholarships to eligible high school students taking classes through the College Advancement Program (CAP). The amount of the scholarship will vary each semester and depend on the amount available and the number of students applying. To qualify for the scholarship, students must adhere to the following criteria:

- Junior or senior status
- CCC CAP participation
- Financial need or extenuating financial circumstance
- Academic eligibility.

To apply, please fill out the attached application. Documentation of financial need must be presented to the school official completing the financial need portion of the application. It should be noted that if a student does not meet the qualifications for the governmental assistance programs listed on the application, they still may qualify for a scholarship.

Deadline to submit the scholarship application is <u>September 15th</u> for courses beginning in the fall semester and <u>February 15th</u> for spring semester. Any application received after the deadlines will not be considered for the scholarship. Students will be notified prior to the tuition due date whether they received a scholarship and the total amount of the award. Scholarships are awarded each semester if funds are available and applicants must submit a new application for each semester.

Return the completed application to:

CCC Foundation
CAP Scholarship
Clinton Community College
136 Clinton Point Drive, Plattsburgh, NY 12901



CCC Foundation Stewart's Shops and Dake Family CAP Scholarship Application



Student Information (completed by student)

Name:		CCC ID# or Last 4 digits of SS#	# :
Street:	Date of Birth:		
City:	State:	Zip Code:	
County:	Home Ph	none:	
E-mail:			
High School:		Grade:	
GPA:	Semester: Fall/	'Spring 20	
List the <u>CCC CAP</u> courses	s(s) for which you would like so	holarship consideration:	
		attach additional sheets as	necessary)
The questions below help the d	committee determine who will rece	vve scholarships.	
Describe the types of cours	ses you enjoy:		
What are your college plans	3?		
Describe your extracurricul	lar and community service activ	vities:	
Describe how the scholarsh	nip will help you.		
Signatures			
that in the event that I have	e knowingly and willfully made	ue to the best of my knowledge false statements I will be subject	
penalties under state and fe	deral law.		
Signature of Applicant		Date	
			
Signature of Applicant's Pa	rent or Guardian	Date	



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Documentation of Financial Need: This form is to be completed by a high school representative. An incomplete form will not be processed.

Applicant's Name	
Name of school official:	Position:
The student's family qualifies for one of	of the following governmental programs:
Supplemental Nutrition	n Assistance Program (SNAP)
Temporary Assistance	for Needy Families (TANF)
Medicaid	
Federal or State Finance	ial Assistance Program (Indicate Program Name Below)
How was the above financial informati	ion verified by the school official?*
· .	nces such that the student's family does not qualify for the above ship that would qualify the student for the scholarship? Please
explain:*	
Attach additional documentation	if necessary
ignature	
	led is correct and true to the best of my knowledge. I understand and willfully made false statements I will be subject to any and all
Signature of School Official	Date