

Dear Student

Thank you for your interest in Coastal Pines Technical College and in the CPTC Foundation Scholarship. Your completed application must be submitted to the guidance counselor by _____.

Your application should include the following items:

_____ Application Form

_____ One-page narrative (essay) to support your application

_____ Faculty Recommendation Form

(Give this form to your teacher to return to the guidance counselor.)

_____ Counselor Endorsement Form

(Give this form to your guidance counselor when you submit your application.)

_____ High School Transcript

(Remind your counselor to send your transcript with your application.)

Stephanie Roberts
Executive Director of College Advancement
Coastal Pines Technical College Foundation
1701 Carswell Avenue
Waycross, GA 31503
(912) 288-0961
sroberts@coastalpines.edu

**Application
for
Coastal Pines Technical College Foundation Scholarship
For High School Seniors**

A student applying for a Foundation Scholarship must have an application in process at Coastal Pines Technical College or should be accepted by the college.

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ Zip Code: _____

County: _____ Home Telephone: _____ Cell: _____

Social Security Number: _____ Date of Birth: _____

Name of High School: _____

Expected date of Graduation: _____ GPA (if known) _____

List your extracurricular activities (athletics, clubs, honors, etc.): _____

Program of Study in which you are interested: _____

Semester in which you plan to enroll at CPTC: ___ Spring ___ Summer ___ Fall

I plan to attend: ___ day classes ___ evening classes ___ online classes

USE THE IDEAS BELOW TO TYPE A ONE-PAGE NARRATIVE SUPPORTING YOUR APPLICATION.

1. Describe yourself and why you selected Coastal Pines Technical College to continue your education.
2. Describe your career plans.
3. Include additional comments that may assist the scholarship committee members in making their decision, including financial need - if this applies.

**Faculty Recommendation
for
Coastal Pines Technical College Foundation Scholarship**

Name of Student: _____
Please print

School: _____

In what capacity and for how long have you known the student?

Explain why you feel the applicant should be selected for a Foundation Scholarship.

Faculty member: _____ Title: _____
Please print.

Signature: _____ Date: _____

Thank you for supporting this program through your participation. Please return this recommendation form to the guidance counselor or high school coordinator by _____.

Counselor Endorsement
for
Coastal Pines Technical College Foundation Scholarship

Student's Name: _____

School: _____

Cumulative GPA: _____ Expected Date of Graduation _____

General description of attendance pattern in high school (circle one):

Excellent Very Good Good Poor Very Poor

Comments about attendance (optional)

The above named applicant is a graduating senior in good standing and thereby eligible to apply for the Coastal Pines Technical College Foundation Scholarship. ___ Yes ___ No

Comments:

Signature of Guidance Counselor

Date

Please return by _____ to:

Stephanie Roberts
Executive Director of College Advancement
Coastal Pines Technical College Foundation
1701 Carswell Avenue
Waycross, GA 31503
(912) 288-0961
sroberts@coastalpines.edu

Application Packet should include the following: ___ Application Form ___ Narrative (essay)
___ Faculty Recommendation ___ Counselor Endorsement ___ High School Transcript