

CAREER ADVANCEMENT PROGRAM (CAP) SCHOLARSHIP

Students who wish to apply for a Career Advancement Program (CAP) Scholarship at Savannah Technical College must meet the following requirements:

- 1. Be currently enrolled in a Diploma or Associate Degree program.**
- 2. Have a quarterly and cumulative Grade Point Average (GPA) of 3.00 or higher on a 4.00 scale.**

APPLICATION DEADLINES:

Deadline to apply for Summer Quarter, 2008-----**May 7, 2008**

Deadline to apply for Fall Quarter, 2008-----**August 6, 2008**

Deadline to apply for Winter Quarter, 2009-----**November 5, 2008**

Deadline to apply for Spring Quarter, 2009-----**February 7, 2009**

Please adhere to the above deadlines and provide all requested application information.

Submit your completed application to the Student Success Center.

The Career Advancement Program is a privately funded scholarship program.

**CAREER ADVANCEMENT PROGRAM (CAP)
STUDENT APPLICATION**

(Please respond to all sections of this application)

Name _____ SS#: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

Identify the Program of Study you wish to enroll in at Savannah Technical College:

Career Goal: _____

Date of birth: _____

Name of High School: _____

Year of High School Graduation _____

Approximate Grade Point Average _____

Include a HAND WRITTEN NARRATIVE, not to exceed one page, as to why you should be chosen to participate in this program and indicate how you learned about the CAP Program.

Submit at least TWO (2) letters of recommendation from an STC instructor/advisor

A PHOTO MUST ACCOMPANY THIS APPLICATION

Are you currently a student at Savannah Technical College? ___Yes ___No

Are you presently receiving financial assistance? ___Yes ___No

Are you claimed as a dependent on your parents' Income Tax Return? ___Yes ___No

Do you have any dependents? ___Yes ___No If yes, how many? _____

Estimated Earned Income for Current Year:
(Include all financial aid sources, if applicable)

Financial Aid Sources	Quarterly Amount
_____	_____
_____	_____
_____	_____
_____	_____
Total Quarterly Financial Aid	\$ _____

	Monthly Income Amount
Earned Income (self)	_____
Earned Income (spouse)	_____
Social Security Benefits	_____
Aid to Families with Dependent Children (AFDC)	_____
Child Support Received for Children	_____
All Other Sources of Income	_____
Total Monthly Income	\$ _____

Monthly Expenses:

Rent/Mortgage Payment _____

Contribution by Co-renter _____

Other (*Specify*):

Total Monthly Expenses: \$ _____

Name of Landlord/Mortgage Holder _____

Address _____

City/State/Zip _____

Automobile ___ Yes ___ No If Yes, Make _____

Model _____

Year _____

WORK EXPERIENCE

Company: _____

Supervisor: _____

Job Description: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Company: _____

Supervisor: _____

Job Description: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

Company: _____

Supervisor: _____

Job Description: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

***Savannah Technical College reserves the right to verify work experience**

PERSONAL REFERENCES

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Identify Relationship: _____
(i.e. boss, neighbor, church member, etc.)

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Identify Relationship: _____
(i.e. boss, neighbor, church member, etc.)

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Identify Relationship: _____
(i.e. boss, neighbor, church member, etc.)

I hereby certify that all information on this application is true and accurate. Any Untruthful responses may result in immediate termination from the program.

Signature of applicant

Date