



Alumni Scholarship Application

In order to apply, the student must complete all sections of this application. The student must be a City College Associates Degree Alumnus who enrolls for the first time and is accepted into a City College Bachelor of Science Degree program. The scholarship is for \$1500 which is disbursed as \$500 per term for the first three consecutive terms.

Graduated with A.S. Degree in _____ Graduated from _____ Graduation Date _____
Enrolling in B.S. Degree in _____ Start Date _____ Campus _____
Last Name _____ First Name _____ Student ID _____
Address _____ City _____ State _____
Zip _____ Phone _____ Date of Birth _____ E-mail _____

Answer "Yes" or "No" to the following:

- Yes No
- I graduated from City College with an Associate of Science Degree
- This is the first time I have enrolled to take Bachelor of science Degree classes at City College
- I am interested in online only Bachelor of Science Degrees

After completing this application, please submit it to the Director of Financial Aid of the campus you are attending or send via e-mail to scholarships@citycollege.edu

I am applying for the Alumni Scholarship

Signature of Student

Date of Request

COLLEGE USE ONLY

Approved Yes No Reason denied _____

Signature Director of Financial Aid

Date

Signature Executive Director

Date