

**SCHOLARSHIP APPLICATION 2017-2018****35 Pleasant Street, Suite 1C Meriden, CT 06450****Phone: (203)634-7669 ♦ Fax (203)634-7822****www.conntacinc.org****Email: scholarship@conntacinc.org****PURPOSE OF SCHOLARSHIP:**

The Board of Directors of the Connecticut Talent Assistance Cooperative established the CONNTAC, Inc. Scholarship award to recognize participants who have overcome obstacles in order to pursue an Associate's or Bachelor's degree. In order to accurately reflect the mission of CONNTAC, Inc. scholarships will be awarded **ONLY** to low-income individuals whose parents (mother or father) have **NOT** earned a Bachelor's degree.

REQUIREMENTS:

1. Individual must **NOT** be a client of another TRIO program within Connecticut. This includes any Talent Search, Upward Bound, Student Support Services or Ronald McNair Post Baccalaureate programs.
2. Must be a documented CONNTAC – E.O.C client for FY 2017-2018 (September 2017 – August 2018). Contact the Central Office at (203) 634-7669 for further information.
3. Demonstrate that you are low-income and or have financial need.
4. Neither your mother nor your father has earned a Bachelor's degree.
5. Show you are attending or will be attending a postsecondary institution for the semester in which the award is given.

REQUIRED DOCUMENTS

- Income Verification (please submit a copy of **one** of the following)
 - Parent / guardian's recent income tax form
 - Your own income tax return if you are an adult or an emancipated minor
 - A letter or budget sheet stating the total amount of benefits paid to you by state AFDC, Social Security, VA, etc.
 - A statement that you had no income due to incarceration. This statement must come from an official or representative of the institution you were incarcerated at
 - A signed statement that someone else supported you. This person's income information is required.
- A transcript from your current or last attended high school/ accredited college, or accredited vocation school within the last two years
- 1 letter of recommendation from someone who knows your academic and/or professional work.
*Letters from relatives and friends are **not** acceptable*
- Statement of intent (essay of **no more than 250** typewritten words)

IN ADDITION:

Please be aware that a selected recipient's name, photograph, essay, or likeness may be used with permission in CONNTAC, Inc.'s promotional activities and media such as newspapers, television, radio, internet websites and workshops.

AWARD DISTRIBUTION:

It is anticipated for FY 2017-2018 a total amount of \$10,000.00 will be awarded at the discretion of the Board of Directors, the total amount given to any one recipient may vary from \$500.00 to \$1,000.00.

APPLICATION DUE DATE: Post marked no later than Tuesday, May 15th, 2018. No exceptions for late applicants.

CONNTAC SCHOLARSHIP APPLICATION 2017-2018

35 Pleasant Street, Suite 1C Meriden, CT 06450 ♦ (203)634-7669

PLEASE PRINT IN INK OR TYPE

Have you met with a CONNTAC-EOC counselor? YES *when?* _____ NO

If yes, please provide the counselor's name or site location _____

STUDENT INFORMATION

| | | | | | |
|---------------------------|--------|---------------|--------|-------------|--|
| Name: | | D.O.B: | | SSN: | |
| Ethnicity: | | | | | |
| Mailing address: | | | | | |
| City: | | State: | | Zip: | |
| Contact Telephone: | (HOME) | (WORK) | (CELL) | (RELATIVE) | |
| E-mail address: | | | | | |

ACADEMIC HISTORY

| | | | | | |
|--|---|---------------|--|-------------|--|
| List most recent attended high school/ college: | | | | | |
| Did you graduate? | <input type="checkbox"/> YES, <i>graduation date:</i> | | | | <input type="checkbox"/> NO, <i>anticipated graduation date:</i> |
| School address: | | | | | |
| City: | | State: | | Zip: | |

If, you are a senior in High School

| | | | | |
|---|---|--------------------------------------|-----------------------------|----------|
| Have you taken the SAT: | <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>If yes, what are your scores?</i> | M | V |
| Do you plan to take the SAT again? | <input type="checkbox"/> YES, <i>when?</i> | | <input type="checkbox"/> NO | |

List all extracurricular activities

| |
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REQUIRED STATEMENT OF INTENT

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|---|
| <p>On a separate sheet please tell us about your future educational and career goals. This statement should be <i>no more than 250 typewritten</i> words. The statement should also briefly state:</p> <ol style="list-style-type: none"> 1. The institution you are presently or will be attending for the upcoming year 2. The degree program you are pursuing 3. Describe any specific obstacles you have overcome in your pursuit of postsecondary education 4. Specifically explain how the CONNTAC-EOC program and counselor has helped you with your education and career goals 5. Explain how this scholarship will help you with your education and career goals 6. Highlight any extracurricular activities you have participated in |
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(203)634-7669

PLEASE USE THE SPACE BELOW FOR STATEMENT OF INTENT

(No More Than 250 Words)

A large empty rectangular box with a thin black border, intended for the applicant to write their statement of intent.

CONNTAC SCHOLARSHIP APPLICATION 2017-2018
35 Pleasant Street, Suite 1C Meriden, CT 06450 ♦ (203)634-7669

List colleges / postsecondary institutions to which you are applying

| | | | | | |
|------------------------|--|---------------|--|--------------------------------|---|
| School name: | | Term: | <input type="checkbox"/> Spring <input type="checkbox"/> Fall | Have you been Accepted? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| School address: | | | | | |
| City: | | State: | | Zip: | |

| | | | | | |
|------------------------|--|---------------|--|--------------------------------|---|
| School name: | | Term: | <input type="checkbox"/> Spring <input type="checkbox"/> Fall | Have you been Accepted? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| School address: | | | | | |
| City: | | State: | | Zip: | |

| | | | | | |
|------------------------|--|---------------|--|--------------------------------|---|
| School name: | | Term: | <input type="checkbox"/> Spring <input type="checkbox"/> Fall | Have you been Accepted? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| School address: | | | | | |
| City: | | State: | | Zip: | |

| | | | | | |
|------------------------|--|---------------|--|--------------------------------|---|
| School name: | | Term: | <input type="checkbox"/> Spring <input type="checkbox"/> Fall | Have you been Accepted? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| School address: | | | | | |
| City: | | State: | | Zip: | |

FINANCIAL AID INFORMATION

| | |
|--|---|
| Did you apply for federal assistance (i.e. Pell Grant)? | <input type="checkbox"/> YES, <i>amount received:\$</i> <input type="checkbox"/> NO, <i>why?</i> <input type="checkbox"/> STATUS IS PENDING, <i>amount pending:\$</i> |
| Did you receive any financial assistance from the college you plan to attend? | <input type="checkbox"/> YES, <i>amount received:\$</i> <input type="checkbox"/> NO, <i>why?</i> |
| Have you ever applied for a CONNTAC, Inc. Scholarship before? | <input type="checkbox"/> YES, <i>amount received:\$</i> <i>Date Received:</i> <input type="checkbox"/> NO, <i>why?</i> |

STATEMENT OF ACCEPTANCE:

We (I) fully understand that if for any reason the applicant is unable to attend the institution(s), or I fail to complete the term for reasons other than sickness, physical injury or military deployment, I agree to return any scholarship money received by me to CONNTAC, Inc. within sixty (60) days from the date enrollment was terminated. We (I) certify that all information contained in this application is complete and accurate to the best of my knowledge. We (I) authorize CONNTAC to obtain any information required from the Registrar and Financial Aid offices of the school the applicant is attending or have attended. CONNTAC requests that all selected recipients be present to accept his/her scholarship at an Annual Meeting scheduled for a date in **October 2018** in Connecticut. Selected recipients who are not present may be required to forfeit the scholarship award.

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|---|--|--------------|--|
| Applicant 'signature: | | Date: | |
| Parent/guardian's signature (if applicable): | | Date: | |

All information is confidential and will be shared only with appropriate officials of CONNTAC, Inc. and members of the CONNTAC, Inc. Selection Committee.