

DISCRETIONARY SCHOLARSHIP APPLICATION

You MUST register prior to application

NAME: _____
PLEASE PRINT

CTC Student ID: _____

Main Contact Phone Number: _____

Student E-mail: _____

What is your field of study? _____

Are you seeking a degree or certification? _____

What are you requesting financial coverage for:

Tuition

Books

Total Amount of request (if known):

Signature: _____

Date of request: _____

Please email completed request to: ctcfoundation@ctcd.edu

Please download and then open in Adobe Reader to submit the form.