



COLUMBIA COLLEGE

Scholarship/Grant Application

Name:
First Name Middle Name Last Name

Date of Birth: / / **Gender:** Male Female
MM / DD / YY

Address:
Street Address Apt / Unit #

City State Zip Code

Phone:
Cell Home

Email: @

Program:

Program: Associate / Certificate

Request: Columbia College Academic Scholarship (up to \$1,000/\$200 per session)
 Presidential Grant (up to \$2,526/\$421 per session)
Supporting (1) Transcript
Documents (2) Financial Statement

Intended Session: 2021 Spring I 2021 Spring II 2021 Summer 2021 Fall 2021 Winter
 2022 Spring I 2022 Spring II 2022 Summer 2022 Fall 2022 Winter

I understand that upon receipt of the scholarship, I will make a commitment to attend the all required courses regulated by Columbia College and maintain satisfactory Academic progress toward successful graduation/completion of enrolling program. Scholarships and Grant have Credit or Clock hour requirement. If you drop below the required hours or withdraw the classes, the scholarship is made to the refund.

Student Signature

Date