

CCATA



"Helping Hands
In Education"

CABARRUS COUNTY ASSOCIATION OF TEACHER ASSISTANTS SCHOLARSHIP APPLICATION CRITERIA

The applicant must be a full time student.

The applicant must be enrolled in a state accredited school in any subject area including trade schools which offer cosmetology, dental assistant, auto mechanics, etc.

The applicant must have a minimum grade point average of 2.8.

The applicant must attend a Cabarrus County High School.

All applicants shall be considered without regard to race, creed, religion, national origin, sex or handicap.

All applications should be submitted to The Scholarship Committee Chair, Elizabeth Fitzwater by Wednesday March 4, 2020. The selection will be announced by April 6, 2020.

Amount of scholarship is \$600.00. The check will be given directly to the chosen applicant.

Submit application to:

Elizabeth Fitzwater
5084 Sable Court
Concord, NC 28025

Questions concerning the scholarship application:

Elizabeth.fitzwater@cabarrus.k12.nc.us

CCATA



CABARRUS SCHOLARSHIP

APPLICATION GUIDELINES

Please print/or type application

A completed application includes the following:

1. CCATA application
 - Each question must be answered. Application must be dated and signed. A statement of recommendation from two people, such as a teacher, coach, pastor or employer.
2. The applicant does not need to be a child of a Teacher Assistant, Teacher or an Employee of Cabarrus County School.
3. Write a brief description of short and long term plans for your education goals and future career. List any leadership positions held (sports, church, community groups, clubs, etc.).
4. Describe briefly any unusual financial and/or personal circumstances which you or your family are currently experiencing or may experience during the upcoming academic year in college.
5. An official academic transcript, sealed by the guidance department of the school you are now attending. This must be accompany of the application.
6. The checklist must accompany the application. The checklist is included.
7. You must meet the deadline. No exceptions to this rule.

CCATA Scholarship Checklist

An incomplete application WILL NOT be considered.

You WILL NOT be notified that your application is INCOMPLETE.

CAREFULLY CHECK your application to make sure it is complete.

This checklist must accompany the application. Please check the items you are submitting, sign and date your completed application forms. Use only the first column.

	<u>Your Checklist</u>	<u>Committee Checklist</u>
1. Application	_____	_____
2. Letters of Recommendation	_____	_____
3. Applicant Statement	_____	_____
4. Official Sealed Transcript	_____	_____

Applicant's Name _____

Applicant's Signature _____

Date _____

Mail to: Elizabeth Fitzwater
5084 Sable Court
Concord, NC 28025

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CCATA SCHOLARSHIP APPLICATION

Please Print

1. Name _____

2. Address _____

Street

City

State

Zip

3. Telephone _____(Home)

4. Date of Birth _____

5. School Currently Attending _____

6. How will you finance your upcoming year of school:

Employment _____ Family _____ Other _____

7. Will you be receiving financial aid? Yes _____ No _____ Grants? Yes _____ No _____
Loans? Yes _____ No _____ If yes, please list the names (s) and the amount of each
award.

1. _____

2. _____

3. _____

4. _____

8. Please list any other scholarship(s) you have applied for at this time and the amount.

1. _____

2. _____

3. _____

9. Are both parents living in the home? Yes _____ No _____

10. Number of siblings currently living in the home _____ Age of each _____
Are any currently attending college? If so, how many _____

11. Fathers Occupation _____
Mothers Occupation _____

12. Total household income before taxes _____

13. Please list any other means of support (example child support) _____ Amount _____

14. Please give a brief description of any hardship that this scholarship might help make your first year in college less stressful.

15. I would like to major in _____

16. My school that I have applied to _____

17. This is a state accredited school located at _____

18. I understand that all decisions made by the Scholarship Committee of the Cabarrus County Association of Teacher Assistants are final. By signing this form, I agree to accept their decision.

Signature Application _____

Date _____

