

# Citizens for Progress Scholarship

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## Section I: Student Information

Please complete this section of the application to certify your eligibility to participate in this scholarship program. Submit the completed application to Motlow State Community College McMinnville Center or Tennessee Technology Center at McMinnville.

**Important:** The student must complete and submit an application for admission to Motlow State Community College or the Tennessee Technology Center at McMinnville in addition to this form, *Citizens for Progress Scholarship*.

Please Print

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First MI

Permanent Address: \_\_\_\_\_  
Street City State Zip Code

Telephone No. (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Gender (Select One):  Male  Female Date of Warren County Residency: \_\_\_\_\_  
Month Day Year

Are you a U.S. Citizen?  Yes, I am a U.S. citizen  
 No, but I am an eligible non-citizen. Registration #A \_\_\_\_\_  
 No, I'm none of the above

Race (Select One):  Black American  Asian American  
 Caucasian  Hispanic American  
 Native American Indian  Other \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent or Guardians Signature (If student is under 18 years old) Date

# Citizens for Progress Scholarship Eligibility Verification

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<b>Section II: Eligibility Verification</b>
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**This section is to be completed and signed by the Director of Motlow State Community College McMinnville Center or the Director of the Tennessee Technology Center at McMinnville.**

Date of Graduation: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Student's Highest Composite Score: ACT \_\_\_\_\_, Date \_\_\_\_\_; or, SAT I \_\_\_\_\_, Date \_\_\_\_\_

Student's Unweighted GPA \_\_\_\_\_ on a 4.0 scale.

\_\_\_\_\_  
Director, Motlow State Community College McMinnville Center

or

\_\_\_\_\_  
Director, Tennessee Technology Center at McMinnville

\_\_\_\_\_  
Print Name From Above

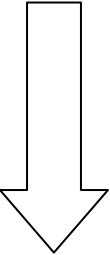
\_\_\_\_\_  
Date Signed

# Citizens for Progress Scholarship Eligibility Verification

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<b>Section III: Verification for Continued Enrollment</b>
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**To be completed each term by the appropriate admissions officer who forwards to the business officer for signature.**

Course Number	Course Name	Credit Hours/ Clock Hours	Semester/Year or Trimester/Year	Cumulative Postsecondary GPA
				

This student is a new applicant and therefore does not have a postsecondary GPA.

Semester Award Amount: \$ \_\_\_\_\_

**I have reviewed the foregoing information in this application and certify, to the best of my knowledge, that all information contained in this application is accurate and complete. Finally, I certify the applicant is eligible for enrollment at the postsecondary institution listed above.**

\_\_\_\_\_  
Admission Officer Signature

(\_\_\_\_) \_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Print Name From Above

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Business Officer Signature

(\_\_\_\_) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Print Name From Above

\_\_\_\_\_  
Date Signed