



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 \$1,200)  
 Presidential Grant (up to \$2,406)  
Supporting (1) Transcript  
Documents (2) Financial Statement

**Intended Session:**  2022 Spring I  2022 Spring II  2022 Summer  2022 Fall  2022 Winter  
 2023 Spring I  2023 Spring II  2023 Summer  2023 Fall  2023 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