

Corpus Christi Area Measurement Society
P.O. Box 4650 Corpus Christi, Texas 78469
Telephone Contact: Chris French 361-443-2222



MINIMUM REQUIREMENTS FOR APPLICANTS:
Incomplete applications will not be considered
Deadline: Thursday, June 1 , 2023

Check List for Scholarship Application

1. You must either be currently enrolled in an accredited college or trade school or be accepted for full-time enrollment within nine (9) months of your application for scholarship. Only full-time enrollment (**minimum 12 semester hours per semester or equivalent**) will qualify. Minimum accepted GPA 2.0 (4.0 scale).
2. You must submit a COMPLETE application, which consists of the following:
 - a) If in high school or have completed less than 12 hours of college or trade school work (or equivalent), submit your SAT or ACT scores or TSI Assessment score, High School Transcript and college/trade school transcript. Minimum accepted GPA 2.0 (4.0 scale).
 - b) If you have completed 12 or more hours of college/trade schoolwork, submit a copy of your college/trade school transcript (Photocopies are fine, official transcripts are not necessary.)
 - c) One reference letter from a professor, teacher, or counselor (must be current) AND
 - d) One PERSONAL reference letter (must be current).
 - e) The write-up as to why the CCAMS committee should invest in your education and future. (This is REQUIRED for both new and renewing applications.)
 - f) The completed application form. Please mark any empty lines as not applicable or unknown.
3. You must show **proof of acceptance** by a college or trade school to receive the award.
4. You must provide name and address of the registrar of the college/trade school you are planning to attend (or are attending).
5. Your application must be **postmarked and mailed 03 FNB J M F E U P \$ \$ " . 4 T D I P M B S T I J Q T ! H** the Scholarship Committee by the established deadline. (Postmark must be June 15, 2023.)

SCHOLARSHIP RENEWALS: If you are a previous recipient, you need to only submit:

1) page ONE completed of the application; 2) page TWO signed; along with your 3) Fall semester schedule and current transcript. Also, you must attach 4) a separate page describing why the CCAMS committee should continue to invest in your education and future.

Fill out this form and use the tool box in the top left side of the form to sign electronically. If you require a Guardian Signature, this will need to be done manually. Email the completed application to J P O \$ \$ " . 4 T D I P M B S T I J Q T@gmail.com 03 mail it to:

CCAMS Scholarship Selection Committee
19179 Blanco Rd., Ste. 105, #479
San Antonio, TX 78258

Scholarship Application

Corpus Christi Area Measurement Society

(Please type or legibly print all information)

Applicant's Name (Last) _____ (First) _____ (MI) _____

Permanent Address _____

City _____ State _____ Zip _____

Present Street Address _____

City _____ State _____ Zip _____

Phone Number (____) _____ - _____

Email address _____

Last Four Digits of Social Security Number: _____ Birth Date ____/____/____

College ID # : _____ (High school graduates: this should be on your registration letter)

School Now Attending _____

If now in high school:

Class Rank and Size (example, 153/540) _____/_____

College or Trade School you will attend: _____

Have you applied? _____ Have you been accepted? _____

College Registrar Office:
Mailing Address

City _____ State _____ Zip _____

Phone Number

Major Course of Study

Expected Career Field

List current employment and jobs that you have held during the last two years.

List community activities (church work, outreach programs, non-profit organizations, etc.) in which you have participated in the last two years.

List school/college activities or awards (publications, debate, drama, art, student government, clubs, sports, awards, etc.), which you have received or participated in during the last two years.

Father or Guardian Name (Last) _____ (First) _____ (Mi) _____
Employer and Occupation

Mother or Guardian Name (Last) _____ (First) _____ (Mi) _____
Employer and Occupation

Total number of dependent children in household(s) *(not required)*

*How did you hear about this scholarship?

It is a REQUIREMENT that the applicant provide a short description of their career goals, financial situation, or other unique qualifications which you feel would be helpful to the Scholarship committee in evaluating you and comparing you with other applicants for a CCAMS Scholarship. Do so by attaching a separate page describing why the CCAMS committee should invest in your education and future.

Description of Career Goals

I hereby certify that the responses entered on this application are true and correct to the best of my knowledge. If the scholarship is not used for academic support, I agree to return the funds.

Use the tool box at top left to sign electronically

Signatures: Applicant _____ Date: _____

Guardian _____ Date: _____

(If applicant is under 18 years of age)

Save Form on your computer and email to CCAMSScholarships@gmail.com