

# CORPUS CHRISTI AREA MEASUREMENT SOCIETY

Check List for Scholarship Application

Corpus Christi Area Measurement Society

**Deadline: Monday, June 15, 2026**

Telephone Contact: Chris French 361-443-2222

## **MINIMUM REQUIREMENTS FOR APPLICANTS:**

**\*\*\*\* INCOMPLETE applications will not be considered \*\*\*\***

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. The application form should be filled out as completely as possible. Please mark any empty lines as not applicable (NA) or unknown (UNK).
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). You must also provide your college/student ID number.
5. Your application must **be emailed** to the Scholarship Committee at [ccamsscholarships@gmail.com](mailto:ccamsscholarships@gmail.com) by the established deadline.

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

- 1) **Page ONE (1) completed of the application;**
- 2) **Page TWO (2) signed; along with your**
- 3) **New Fall semester schedule and CURRENT transcript.**
- 4) **A separate page describing why the CCAMS committee should continue to invest in your education and future.**

# 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.**

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.

Signatures: Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Guardian \_\_\_\_\_ Date: \_\_\_\_\_

(If applicant is under 18 years of age)