

COLUMBUS TECHNICAL COLLEGE FOUNDATION, INC.
Student Success Fund

Date:

Student ID:

Telephone:

Last Name

First Name:

M.I
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Address:

City:

State:

Zip code:

Date of Birth:

Marital Status

E-mail

Number of Family Dependents (for whom you provide 50% or more support:

Education

Program of Study:

GPA

Anticipated

of terms

Graduation Date:

attended CTC:

Please submit a copy of your schedule, amount owed or any other appropriate documentation.

Financial Assistance

Amount: \$

Personal Statement

Please attach a brief description of need. This should include information to explain the specific personal and financial demands which create the need for assistance. Advancement office is glad to help with this.

Agreement

I certify that all the information provided is complete and accurate to the best of my knowledge.

I give the college consent to release to the Foundation any and all information that pertains to this application including GPA, attendance status, financial aid and contact information.

Printed Name

Advancement Office Use Only

Fund Source

Student Assistance

Student Success Fund

Last Mile Fund

Check issue date:

Amount: \$