

What is your classification? _____ First Year _____ Transfer Student _____ Returning/Continuing Student

I will be a: _____ First Year Student (*less than 30 College credits*) _____ Sophomore (*30 credits or more*)

Program of Study: (*Degree and Major*) _____ Anticipated Graduation Date: _____

Do you expect to receive additional financial assistance? If yes, list source and amounts.

I understand that I must complete a current **FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)** as an eligibility requirement for the Central Arizona College Scholarship Programs.

- I am submitting this application with the knowledge that funding for this scholarship is based upon availability of funds and eligibility as determined by the financial aid office.
- Eligible students may receive one or more tuition scholarships, not to exceed the cost of in-state tuition.
- Federal aid programs do not permit any over-awarding of institutional aid in excess of need.
- I understand that Institutional Scholarships require a minimum Cumulative GPA of 2.50 and that some scholarships may require a higher Cumulative GPA.

By signing below, I certify that all the information on this form is true and correct to the best of my knowledge. Please note that any illegible or incomplete scholarship application forms will not be considered or reviewed.

Student's Signature

Date

Return application to:

CENTRAL ARIZONA COLLEGE
ATTN: FINANCIAL AID OFFICE
8470 NORTH OVERFIELD ROAD
COOLIDGE, AZ 85128
(520) 494-5425 • (520) 494-5091 FAX
FINAID@CENTRALAZ.EDU

E-mail address:

****FINANCIAL AID OFFICE USE ONLY****

Cum. GPA: _____

Major Code: _____

Eligible: Yes No

FAFSA: Yes No

Enrolled: Yes No

Age: _____

1ST Gen.: Yes No

Scholarship: _____ Date: _____ By: _____

Award Code: _____ Date: _____ By: _____

Explanation for ineligibility: _____