



SECOND CAREER SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name _____ Student # _____
Last First

Telephone Number _____ Cell Phone Number _____

Mailing Address _____

City State Zip

Email Address: _____

List all colleges previously attended: _____

Highest degree earned: _____ Are you eligible to receive Pell Grant? _____

Number in household: _____ Household income: _____

What is your educational goal? _____

Explain how this scholarship will help you reach your goals. _____

Please provide one reference (instructor, employer, etc.).

Name Title Telephone Number

Applicant's Signature

Date

This scholarship is privately funded.

Applicants must be:

- a resident of Escambia County, AL or Escambia County, FL;
- demonstrate financial need; and
- demonstrate academic potential.

Applications should be returned to:

Dr. Marilyn R. Nicholson
Counselor
Coastal Alabama Community College
P.O. Box 958
Brewton, AL 36427

Deadlines:
April 1 – Fall Semester
October 5 – Spring Semester

Optional Information:

The following information is collected for statistical purposes only. Completing any or all of this section is optional on the part of the applicant, and the data provided will not be considered during the application process.

Gender: _____ Male _____ Female
Race/Ethnicity: _____ African American
_____ Caucasian _____ Hispanic
_____ Native American
_____ Asian/Pacific Islander _____ Other
Date of birth: _____

Statement of Non-Discrimination Policy

It is the official policy of the Alabama Department of Postsecondary Education and Coastal Alabama Community College that no person in Alabama State shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.