



Code Administrators Association of Kentucky

www.caak.org



SCHOLARSHIP APPLICATION

APPLICANT NAME: _____
Last First MI

HOME ADDRESS: _____
Number & Street

HOME PHONE: (_____) _____ FAX: (_____) _____
City State ZIP

E-MAIL ADDRESS: _____

CAAK MEMBER:

Name Membership Number Relationship to Applicant

Employer/Department

City State Zip Code

WORK ADDRESS:

Number & Street

City State Zip Code

WORK PHONE: (_____) _____ FAX: (_____) _____

WHICH SCHOLARSHIP ARE YOU APPLYING FOR? CODE RELATED STUDIES AWARD _____
TOMMY LARRISON AWARD _____

List all high schools, colleges, universities and trade schools you have attended.

Name of School Dates: Grade Pt Avg. Degree

**Code Administrators Association of Kentucky
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List all employers, starting with the most recent:

Name:	Address	Job titles	Dates
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List Membership in clubs, volunteer groups, etc.

The institution you plan to attend when utilizing this scholarship:

Name	Address	City/State	Phone Number
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The field of study you have chosen to pursue: _____

The term for which the scholarship is sought: _____

Tuition cost per semester: \$_____

Statement of applicant:

In applying for consideration, I am aware that the scholarship is to be applied toward tuition only unless otherwise specified. In the event that my tuition cost does not equal the full amount of the scholarship awarded, I understand that I will receive only the amount for the tuition.

If granted a scholarship, it is my intention to remain a full time student (as defined by the Institution) for the term(s) for which the scholarship is applied.

I verify that all information submitted is true and correct to the best of my knowledge.

Applicant's Signature

Date

Send completed application to: Mr. Ronald J. Dill
Building Services Director
City of Fort Thomas
130 N. Fort Thomas Avenue
Fort Thomas, KY 41075

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Scholarship Application

HIGH SCHOOL AND/OR COLLEGE TRANSCRIPT REQUEST

The below listed high school/college has my permission to release my official transcript to the scholarship sponsor.

Signature of Student

INSTRUCTIONS

High school/college officials are requested to complete this form, attach a copy of the student's official transcript, including grades achieved and forward to the scholarship sponsor. Transcript must be received by the scholarship sponsor on or before July 1 prior to the scholastic year.

Scholarship Sponsor: Ronald J. Dill
Building Services Director
City of Fort Thomas
130 N. Fort Thomas Avenue
Fort Thomas, KY 41075

PROVIDE THE FOLLOWING INFORMATION EVEN IF GIVEN ON THE TRANSCRIPT.

Student's Name: Last First Middle

Student's address: _____

Name & address of institution issuing transcript _____

Institution accredited by: _____

Student's date of attendance - FROM: TO:

Cumulative grade point average (Institution) _____

SAT Verbal SAT Math Date of Test

ACT Composite _____

High school class size: Applicant's High school class ranking

This must be completed and may be based on the most recent information available, if final results are not completed.

Remarks by counselors or teachers that may be beneficial to scholarship sponsors. _____

Typed Name of School Official: Title: _____

Signature of School Official: Date: _____

*****OFFICIAL COPY OF TRANSCRIPT MUST BE ATTACHED WITH THIS FORM*****

**Code Administrators Association of Kentucky
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REFERENCE FORM**

Please complete and return this form on or before July 1 prior to the scholastic year. It is preferred that teachers, counselors or employers complete the reference form. If not in school or working, a personal reference is acceptable.

RECOMMENDATION CONCERNING:

Applicant's Last Name _____ First Name _____ MI _____

Submitted by: _____
Name of Reference

Job Title: _____ Address: _____

1. What is your relationship to, or in what capacity have you come to know the applicant?

2. What are some qualities of this applicant that lead you to believe he/she merits a scholarship?

3. Do you know of any personal circumstances that might interfere with the applicant's success as a student or the utilization of the scholarship funds in a suitable manner?

4. Additional comments (attach additional pages if necessary):

Date: _____ Signature: _____

PLEASE RETURN THIS FORM TO:
Mr. Ronald J. Dill
Building Services Director
City of Fort Thomas
130 N. Fort Thomas Avenue
Fort Thomas, KY 41075