

## CPCA & CSCT Joint Scholarship Application

The applicant must be a son or daughter of a current member of either the Chicago Paint and Coatings Association and/or Chicago Society for Coatings Technology who is Enrolled in a College or University. The student must also be in good Standing at the school in which they are attending.

**All scholarships are on a one time only basis. Deadline is Monday, April 2, 2018**

### To be completed by student/applicant:

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Student I.D.# \_\_\_\_\_  
High School, College or University Attended: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Proposed College or University: \_\_\_\_\_ Degree desired & discipline: \_\_\_\_\_

**Please attach a transcript of the last semester of school.**

### If chosen as a winner in this year's scholarship, please provide the following information to send the check:

Name of College or University: \_\_\_\_\_ Attention to: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### To be completed by CSCT or CPCA member:

Member's Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Company Phone #: \_\_\_\_\_ Member Cell Phone # \_\_\_\_\_  
Company Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long the parent has worked at this company: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Please give a brief Job Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have been a CSCT or CPCA member for at least two (2) years. Please circle the organization you are a member and how long have you been involved in this organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify the above information is correct. Any changes in my student status before or during the period of the award would be reported immediately to the CSCT/CPCA.

### **Failure to report changes may result in revocation of the award.**

Applicant's Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed applications by Monday, April 2, 2018 to:**

Mark Leverone  
742 Thornberry Court, Bartlett, Illinois 60103  
E-mail address: mark@thhilson.com