

2020 CPCA & CSCT Joint Scholarship Application

This year the rules for awarding the scholarships have changed. There will be (2) scholarships from the Chicago Society for Coatings Technology (CSCT) and (2) from the Chicago Paint and Coatings Association (CPCA). Hence forth, in order to insure there will be two winners from the CSCT and two winners from the CPCA, there will be two separate entry pools. Applications from CSCT members will be put into one pool and entries from the CPCA will be put in another. Applicants who are members of both organizations are entitled to an entry in each pool. However, the CSCT requires a two-year active membership prior to application.

Check the following boxes that apply to your membership status:

CPCA CSCT

All scholarships are on a one time only basis. Deadline is Monday, March 30, 2020

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, March 30, 2020 to:

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