

SECOND CAREER SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name			Student #
Last		First	
Telephone Number		Cell Phone Number	
Mailing Address			
City	State	Zip	County
Email Address:			@student.coastalalabama.edu
List all colleges previously	attended:		
Highest degree earned:		Are you eligible to receive Pell Grant?	
Number in household:		Household income:	
What is your educational g	joal?		

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 recipient agrees to pay fees and any additional tuition. 	Applications should be returned to: Dr. Marilyn R. Nicholson Counselor Coastal Alabama Community College 220 Alco Drive Brewton, AL 36426 Deadlines: May 15 –Fall Semester November 1 – 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 Native American Hispanic 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.