

## SECOND CAREER SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

Name		Student #
Last	First	_
Telephone Number	Cell Phone Number	
Mailing Address		
	nte Zip	County
Email Address:		@student.coastalalabama.edu
List all colleges previously attended:		
Highest degree earned:	arned: 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	<u>.</u>
Please provide one reference (instruc	tor amplayor ata)	
r lease provide one reference (mstruc	tor, 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  Caucasian Hispanic  Native American  Asian/Pacific Islander Other

## **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.