Concurrent Enrollment Scholarship



THE FOUNDATION

FOR COLORADO GIFTED & TALENTED

Purpose

These scholarships are intended to assist GT Public High School students (9-12) in meeting additional tuition costs incurred, beyond district reimbursement, when taking concurrent classes at an institution other than the local community college.

Amount of Scholarship

Up to \$500, needs based.

Selection Process

Application Form

Student Statement:

Parent Signature: __

The Foundation for Colorado Gifted and Talented Scholarship Committee will evaluate your application to determine eligibility.

Application Requirements In addition to the application

In addition to the application form below, you must submit:

- 1. A one-page Commitment to Purpose to include: student written autobiographical statements showing examples of achievement, interest and need.
- 2. Budget statement showing proposed expenses to include course, institution and out-of-pocket expenses.
- 3. Recommendations or letters of support (up to three).
- 4. Letter of confirmation from district approving this concurrent enrollment class.

Submitting your Application

Mail your completed application to the address below:

The Foundation for Colorado Gifted and Talented c/o Kathleen Robinson 6211 N. Wilder Court Parker, CO 80134 or email to: cogtfoundation@gmail.com

Applications will be evaluated on an ongoing basis. Determination of eligibility will be made within 30 days of receipt of application.

Questions?

Date:

Version 2/19

For more information, please check our website at: www.cogtfoundation.org

If you still have questions, please email us at: cogtfoundation@gmail.com

Student Name:	Phone:	
Address:E-Mail	Age	_ Grade
Name of School		
I hereby apply for a scholarship for reimbursement of tuition and related expenses. In support of this application I am enclosing the required statements and certify them to be true and correct. I understand that if any information submitted is determined to be untrue or incorrect, the Scholarship Committee may reject this application. I also understand and agree that if I am awarded the Concurrent Enrollment Scholarship , I will submit transcripts demonstrating grades of C or above, including receipts for approved expenditures up to \$500.		
Student Signature:		Date:
Parent Statement:		
Parent Name:	Phone:	
Parent Name:Address:	City/Zip:	
E-Mail		
As this student's parent/guardian, I support this application and agree t	that this financ	ial assistance is necessary for my studen

to be able to participate in this particular course at the designated college or university.