

## CSCT Merit Scholarship Application 2018/2019

The applicant must be a son or daughter of a current member of 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. *Curricula pursued by the applicant must include one of the physical sciences, medical sciences, or nursing.*

**All scholarships are on a one time only basis. Deadline is Friday, March 15, 2019**

### 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 member for at least two {2} years.**

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

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

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

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

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

**Send completed applications by Friday, March 15, 2019 to:**

Thor Jondahl, Ph.D.  
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