

Central Georgia Technical College  
 3300 Macon Tech Drive  
 Macon, GA 31206  
 (478) 757-3400 • Fax: (478) 757-2574



### STUDENT GRANT

Any Central Georgia Technical College student with a financial need may submit a request for a grant. **Applications that are incomplete will not be considered for funding.** Completed applications should be forwarded to the CGTC Foundation liaison, who will review and forward appropriately.

Name				Student ID Number	
Mailing Address					
Phone Number		E-mail Address			
Are you a first quarter student? <input type="checkbox"/> yes <input type="checkbox"/> no	I am enrolled in <input type="checkbox"/> Technical Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree				
My program area is					
My advisor is					

Amount of request (total): \$ \_\_\_\_\_

Quarter: Winter  Spring  Summer  Fall

***(Application will not be reviewed if an exact printout of ALL fees is not attached.)***

**Attach an essay addressing your need, how the funds will be used, what avenues that have been exhausted, and how the funds will effect your long-term goals.**

yes  no Attached is an estimate or bill, or copy of bill from the vendor for the activity that I'm requesting assistance. **(ESTIMATE MUST BE ATTACHED FOR CONSIDERATION)**

Vendor Name			
Vendor Mailing Address			
Vendor Phone Number		Vendor Contact Name	

FOR COMMITTEE USE ONLY			
<input type="checkbox"/> yes <input type="checkbox"/> no	Essay attached	<input type="checkbox"/> yes <input type="checkbox"/> no	Estimate attached
<input type="checkbox"/> yes <input type="checkbox"/> no	Essay answers all questions	<input type="checkbox"/> yes <input type="checkbox"/> no	All resources exhausted by student

Have you contacted the Financial Aid Office to discuss your needs?  yes  no

What was the recommendation from the Financial Aid Office? \_\_\_\_\_

Have you received prior support from the CGTC Foundation?  yes  no

If yes, what was the support and when? \_\_\_\_\_

In regards to funding for the emergency, have you contacted:

Other agencies?       yes     no

What were the reasons for **denial** from this or other programs?

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The information contained within this grant application is true to the best of my knowledge. I have exhausted all other means of financial support. The grant committee has my permission to inquire further into my need for financial assistance.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**THIS SECTION TO BE COMPLETED BY THE STUDENT EMERGENCY FUND COMMITTEE**

\_\_\_\_\_  
EXECUTIVE DIRECTOR OF THE FOUNDATION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CGTC EMPLOYEE COMMITTEE CHAIR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CGTC PRESIDENT

\_\_\_\_\_  
DATE

The approved application was forwarded to the CGTC Foundation treasurer \_\_\_\_\_  
DATE

The student applicant was notified of the  approval     denial    of the requested grant.

STUDENT WAS NOTIFIED BY:

\_\_\_\_\_  
COMMITTEE MEMBER

\_\_\_\_\_  
DATE