

## REQUEST FOR ALTERNATE USAGE OF SCHOLARSHIP FUNDS

[ONLY APPLICABLE FOR SCHOLARSHIP RECIPIENTS WHO HAVE ENOUGH FINANCIAL AID TO COVER TUITION AND FEES]

THIS REQUEST CANNOT BE EVALUATED UNTIL ALL FINANCIAL AID FOR THE UPCOMING SEMESTER HAS BEEN

**AWARDED/POSTED TO STUDENT'S ACCOUNT.** Application must be completed entirely and proof of expense (ex: receipt, printout from website, etc...) must be attached. Incomplete applications will not be considered.

Name	Student ID Number	
Address		_
City	State Zip Co	de
Phone Number	Email	_
Program of Study	Expected Graduation Date	
Please explain how you would like to use your s	scholarship funds (proof of expense MU	ST be attached):
□ Program Supplies (ex: tools, scrubs, shears,	manikins, loupes, etc)	
Description of item		Cost \$
Certification/Licensure Exam		
Name of certifying/licensing agency		Cost \$
□ School supplies to be purchased from CGTC	bookstore (ex: paper, notebooks, pens,	calculator, etc)
Description of supplies		Cost \$
Professional Membership Fees		
Name of organization		Cost \$
I hereby give my consent for College and Foundation request. I hereby certify that the information in the a or omission of information will be sufficient cause for	pplication is true and correct and I understar	
Student Signature	Date	
<b>HOW TO SUBMIT APPLICATION:</b> Submit completed a Office in Warner Robins (A-226) or Macon (A-413), or email once a decision has been made. All requests are	r via email to along@centralgatech.edu. Appl	

FOUNDATION USE ONLY			
□ Approved	Scholarship	Semester	
Denied	Reason		