

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	
	State Zip Code
	nail
	Expected Graduation Date
Please explain how you would like to use your scho	larship funds (proof of expense MUST be attached):
☐ Program Supplies (ex: tools, scrubs, shears, mai	
Description of item	Cost \$
☐ Certification/Licensure Exam	
·	Cost \$
☐ School supplies to be purchased from CGTC boo	okstore (ex: paper, notebooks, pens, calculator, etc)
	Cost \$
□ Professional Membership Fees	
Name of organization	Cost \$
	onnel to access my financial aid records in order to consider my cation is true and correct and I understand that misrepresentation ection of this application.
Student Signature	Date
	cation and documentation of expense to the CGTC Foundation email to cdavis@centralgatech.edu. Applicant will be notified by pject to Foundation approval.
FOUNDATION USE ONLY	
☐ Approved Scholarship	Semester
□ Denied Reason	