

CCTGA SCHOLARSHIP APPLICATION

NAME _____
ADDRESS _____
TELEPHONE _____ DATE OF BIRTH _____
HIGH SCHOOL _____
COLLEGE or UNIVERSITY (accepted or enrolled) _____
PARENT'S NAME(S) _____
PARENT'S OCCUPATION(S) _____

APPLICANT'S COLLEGE MAJOR AND REASON FOR SELECTING COURSE OF STUDY:

APPLICANT'S CAREER GOALS:

APPLICANT'S EMPLOYMENT HISTORY:

SUBMIT WITH APPLICATION:

1. A letter of recommendation from a CCTGA member. A list of members can be obtained from the CCTGA website @ www.ctchristmastree.org.
2. A recent school transcript
3. Evidence of acceptance at a 2 or 4 year college or university

Applications must be postmarked by May 21.

Award decisions will be announced on May 30.

Scholarship awards will be presented upon receiving copy of grades showing successful completion of first semester.

**Mail applications to: Research/Memorial Scholarship Committee
CCTGA c/o Kathy Kogut
304 Parker Ave.
Meriden, CT 06450**