Career Tech Scholarship
Application
2015-2016
Counselor Office
580-310-2264

Career Tech Scholarship Program Guidelines

- Complete an application for admission to PTC
- Provide evidence of good attendance while in high school
- Provide a copy of your final high school transcript with 2.5+ GPA
- Write a brief essay about your career plans
- Fulfill all other PTC admission requirements

Benefits of attending PTC after high school graduation include:

1. Monetary value
2. Skills to earn above average wages
3. College credits for most career majors
4. Attend full or part time
5. Advanced standing toward additional education and training
6. Approved full time accredited career majors qualify for Federal Financial Aid assistance
7. Great learning environment
8. Career Majors are taught by highly skilled professionals in training areas

$\text{SCHOLARSHIP VALUE}$

For full time students attending six hours a day, the scholarship value is the cost of tuition for the career major for which you are applying. This will vary according to the career major and career major length but can range from $0 to $4100.

For a student attending three hours a day (half-time) the value of the scholarship is one-half the full time amount.

One adult career major (Practical Nursing) is not available for part time attendance. For part time attendance the student may need to spend two years to complete the career major depending upon whether they have attended the technology center or another technology center during high school.

Career Tech Scholarship applicants must apply within the first or second year after graduating high school. PTC is in compliance with Title IX of the Education Amendments of 1972 and other Federal Laws and regulations and does not discriminate on the basis of race, national origin, sex, religion, handicap, marital or veteran status or the presence of non-job related medical conditions or handicaps in any of its practices, policies, or procedures.
PRINT OR TYPE ALL INFORMATION:

Semester of entry:  ( ) Fall 2015  ( ) Spring 2016  Practical Nurse ( ) July 2015  Firefighter ( ) August 2015

Student’s Legal Name: ________________________________________________

Last          First          Middle

Social Security Number:________________________________ Telephone:(______)__________

Current Address: __________________________________________________________________________

Street or P.O. Box or Rural Route          City          State          Zip

Date of Birth (Month/Day/Year):_______________________________  ( ) Male           ( ) Female

High School Information

Name of School:____________________City:_________Date of Graduation:____

GPA:___________          ACT Score Composite(if available):_______________

Career Major/Classes attended (if applicable):______________________________________________

Career Major in which you plan to enroll:____________________________________________________

I plan to attend:  ( ) Half Day  ( ) Full Day

Name and Address of Parent(s) or Legal Guardian(s):

Last Name          First Name

__________________________  ____________________________

Street or PO Box or Rural Route          City          State          Zip

Signature of Applicant ___________________________________________________________________

__________________________  ____________________________

Signature of Parent/Guardian (if applicant is not age 18)

To be completed by Principal or Counselor

(Please provide a brief statement of your endorsement of this student applicant)

__________________________  ____________________________

Signature of Recommending Principal or Counselor          Date

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