

**APPLICATION FORM FIRST YEAR COLORADO COTTEY COLLEGE STUDENT Deadline for acceptance – January 31st**

**DIRECTIONS: This form is to be completed and submitted by the applicant. Only Colorado residents who have been accepted by Cottey may apply.**

**Email application to:**

**Rhonda Funston, Chairman Colorado Cottey College Committee** [**peo2018funston@gmail.com**](mailto:peo2018funston@gmail.com)

**PERSONAL INFORMATION:**

First name (Preferred name) Last name Middle name or initial

Address:

City: State Zip+4

Phone: Email:

Date and Place of Birth: Last 4 digits of SS #

If you have had the opportunity to work with a local P.E.O. member, please provide her info:

Name: Chapter:

Address:

City: State Zip+4

Phone: Email:

**ADDITIONAL FINANCIAL AIDE:**Are you receiving any additional financial help from PEO (local scholarship, international scholarship, grant or loan). If so what type and how much: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAMILY INFORMATION:**

**MOTHER or GUARDIAN FATHER or GUARDIAN**

Name Name

Address (if different from yours) Address (if different from yours)

City/State/Zip City/State/Zip

Occupation Occupation

**EDUCATIONAL INFORMATION:**

High School:

Address:

(include City/State/Zip)

Counselor’s Name: Phone:

Date of High School Graduation:

Cumulative G.P.A. ACT Composite **OR** S A T (Combined math/verbal score)

Class Rank: Number of students in your graduating class

**Please help us get to know you better by telling us about you:**

Activities/Offices Years or dates of participation

Recognition/Awards:

Work Experience:

Special abilities and/or outside interests:

(optional) Anything else you would like us to know about you that this form has not given you the opportunity to share.

I certify all statements in this application are factually correct and honestly presented. I understand that failure to provide true and complete information could mean withdrawal of scholarship monies.

Signature: Date: