



Community College Transfer Scholarship Application

1.	Last Name:	First Name:
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	
3.	E-Mail Address:	
4.	Telephone Number: ()	
5.	Community College Attending:	
6.	Expected Graduation Date:	
7.	Grade Point Average (GPA): _____ (On a 4.0 scale)	
8.	Describe your experience with online learning:	
9.	Intended Area of Study (Major/Concentration):	
10.	All scholarship applicants must submit:	
	A.	A recommendation from an instructor, counselor or administrator
	B.	A short essay on how an online bachelor's degree from Charter Oak State College will help you achieve your future goals?

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

Signature of scholarship applicant: _____ Date: _____

REMEMBER

The deadline for this application to be received by Charter Oak State College is **MAY 1st.**

Submit by email to admissions@charteroak.edu or fax to 860-760-6047.