

## Dr. Cameisha Clark Memorial Scholarship Application

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### Section 1: Applicant Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID (if known): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Start Date: \_\_\_\_\_

### Section 2: Campus Information

Campus Applying To (Select one):

☐ Spartan College of Aeronautics and Technology (Inglewood Campus)

### Section 3: Scholarship Information

- **Award Type:** Full Scholarship
- **Coverage:** 100% of Tuition and Institutional Fees
- **Total Number of Awards:** 5 annually
- **Institutional Eligibility:** Spartan College of Aeronautics and Technology (Inglewood Campus)

### Section 4: Scholarship Essay

Please submit a 250 - 500 word personal essay addressing your academic and career goals, your motivation to succeed, and how receiving the scholarship would support your journey. The essay should be legible and written in ink or typewritten.

### Section 5: Eligibility Confirmation

Please check each box to confirm you meet the scholarship eligibility requirements:

- ☐ I am enrolled in a Spartan College Diploma or Associate Degree program.
- ☐ I have attached two Letters of recommendation from a teacher, mentor, employer, or community leader.
- ☐ I confirm I have a minimum cumulative high school GPA of 3.0 on a 4.0 scale.
- ☐ I have attached a 250-500 word personal essay addressing My academic and career goals, my motivation to succeed, and how receiving the scholarship would support my journey.

## Section 6: Applicant Signature

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Submission Instructions

Submit the completed application along with all required documents to the campus Student Finance Department by the deadline provided by the campus. Incomplete applications will not be accepted. Submission link: <https://spartan.edu/DCCMScholarship>

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## Section 7: Office Use Only

Requested Amount: 100% Tuition and Institutional Fees

Authorized School Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Approved ☐ Denied