

CBCC Summer Scholarship Program

Cannon Beach Conference Center is pleased to offer a scholarship program again this summer. In previous summers, CBCC has been able to distribute more than \$20,000 to summer staff through our scholarship program.

Deadline for turning in a scholarship application is July 15th.

Scholarships will be awarded to summer staff based on:

- the satisfactory completion of their agreed upon summer job commitment to CBCC
- job performance
- leadership role on staff (bible studies, supervising, encouraging)
- the number of summers worked for CBCC

The scholarship committee consists of the human resources manager, summer staff ministers, and other conference managers. Scholarship awards must be used towards educational expenses such as tuition, books, lab fees, etc., and are not for general living expenses.

The scholarship committee will notify summer staff selected to receive a scholarship by August 1st. The awards will be sent out by check to the school in September. Scholarships are awarded without regards to sex, race, nationality, or national origin.

The summer scholarship application included in this packet may be completed and sent in along with the other forms in this packet or may be turned in to the human resources office after you arrive.

If you have any questions regarding the scholarship program, please contact the human resources office at (503) 436-1501 or e-mail: paulknoch@cbcc.net

CBCC Summer College Scholarship Application

IMPORTANT: The deadline for Summer Scholarship Applications is July 15th.

Name _____ Date _____

Job position at CBCC _____

College / Trade School _____

Have you been accepted? _____ What year of school are you in? _____

1. What are your Career / Vocational goals?

2. How is God currently working in your life?

3. How do you include God in your School / Career goals?

4. What do you hope to gain from your summer experience at Cannon Beach?

5. Will you be living in a dorm _____ Apartment _____ Other _____

6. Room and board costs: \$ _____

Tuition and fee costs: \$ _____

TOTAL COST:	\$ _____
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7. Amount contributed by your parents: \$ _____

8. Will you work during the school year?
____ Yes ____ No ____ Not sure

If yes, what amount do you expect to earn for the year: \$ _____

9. Additional Scholarship/Grants received: \$ _____

10. TOTAL expected income from the above sources: \$ _____

11. Amount needed to complete the cost of the year: \$ _____
(subtract expected income from total cost)

12. School Financial Aid Office address:

Name: _____

Account # _____

Street: _____

City, State, Zip: _____

(NOTE: WE MUST HAVE THE ADDRESS FOR THE FINANCIAL AID OFFICE OF THE SCHOOL YOU WILL BE ATTENDING IN ORDER TO PROCESS YOUR SCHOLARSHIP!)

13. Any additional comments on your finances, additional expenses, or other situations which would aid us in making a decision: _____
