

Please enter semester this request is for: _____

This request for reimbursement should be submitted after you have completed the class(es) for which you are applying.

Criteria for Reimbursement:

- Applicant must be a dues paid member of CGCC PSA
- Applicant must have successfully completed 6 credit hours with a minimum 2.5 GPA prior to submitting request.
- Applicant must show progress toward your degree or program of study.
- Applicant must complete this entire application.
- Reimbursement amount will not exceed \$180 for tuition, books, and supplies.
- Self-help or professional growth classes may be considered for this reimbursement.

Applicants must submit the following documents with this application:

- ✓ Unofficial copy of transcript
- ✓ Receipts for tuition, books, and supplies
- ✓ Copy of your program of study
- ✓ Essay including the following information: why you are applying for reimbursement, explain any obstacles or extenuating circumstances you have had to overcome, describe your educational goal(s) and describe how receiving this financial assistance would help you attain that goal.

General Information (please print or type)

Name: _____ Student ID #: _____

Address: _____
Street No. City State Zip

Home Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Educational goal or program of study: _____

Are you a dues paid member of CGCC PSA? Yes No

Certification

I certify that the information included with this application is accurate and correct to the best of my knowledge and I authorize the CGCC Financial Aid Office to release my academic, financial, or other necessary information required by a donor. In addition, I agree that Chandler-Gilbert Community College shall have the right to use and release my name if I am awarded a scholarship at CGCC in order to publicize or to otherwise promote the college to any local or national media or in any college publications and at any college events.

Student's signature: _____ Date: _____