



Community Colleges  
of Spokane

# CCS Foundation SCHOLARSHIP AWARD FORM

Academic Year  
20\_\_\_\_ - 20\_\_\_\_

Date \_\_\_\_\_

Student \_\_\_\_\_  
Last Name First Name

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Student Identification Number

Student E-mail \_\_\_\_\_

Foundation Scholarship Fund Name \_\_\_\_\_

Foundation Fund # \_\_\_\_\_ Total Amount Awarded \$ \_\_\_\_\_

### FAPC Code

- Don't know, or No FAPC Code assigned, use CCSARID FOUTMP
- OBS Basic Skills 271-4737
- OMG Mini Grant 271-1733
- OPT Place Test SCC 271-1732
- PTF Place Test SFCC 271-1736
- OPS PACE 271-4736
- OSP Seniors 271-4733
- OSS Proj Self Suff 271-4738
- OWM Women Help W 271-4739
- OWS Wagstaff 271-4732
- Other: \_\_\_\_\_

### Purpose of scholarship (Check all that apply)

- Tuition
- Books
- General Education Expenses
- Bus Pass
- Parking Pass
- Childcare
- Application Fees
- Testing Fees – Compass
- Testing Fees – GED (mark only ONE)
- Writing
- Social Studies
- Science
- Reading
- Math

Test (must be taken at the **date and time** noted!) \_\_\_\_\_  
Date Time Location

Other (Please specify) \_\_\_\_\_

Please describe any special disbursement instructions:

Campus  SCC  SFCC  
 Quarter  Fall  Winter  Spring  Summer

Name of Person Submitting Form \_\_\_\_\_ Phone: \_\_\_\_\_

Fund Manager \_\_\_\_\_ Phone: \_\_\_\_\_

*If you have questions, please contact the Scholarship Manager  
in the Foundation Office at 434-5128*