

CME Group STAR Partnership Mayoral Award Application Form

Date:

Last Name:

First Name:

MI:

Student ID:

U.S. Citizen?

Yes

No

Permanent US Resident?

Yes

No

Date of birth:

Gender

M

F

Have you ever received this scholarship?

Yes, term

No

Ethnicity (*optional, check all that apply*):

African American

Asian American

Caucasian/white

Hispanic American

Native American

Other:

Address:

Apt.#:

City/State/Zip:

Phone:

Email:

G.P.A (*to be confirmed by CCC*):

What will your major be when you transfer?

When will you complete Associate's degree?

What is your long-term educational goal?

What is your long-term career goal?

Employment: If you work as well as go to school, please tell us where you work, how long you have worked there, what you do, and how many hours you work each week.

Community Involvement: If you volunteer in your community, please tell us what you do, how long you have been involved with the organization/activity, and how many hours you spend each week.

Mandatory Question: Why are you applying for this scholarship and how would this award be helpful to you? (*Attach separate sheet, if needed.*)

Optional: *Please include any other information which could be helpful in evaluating this application (attach separate sheet, if needed).*

How did you hear about this scholarship?

I hereby certify that the information provided in this application is, to the best of my knowledge, true and correct. I have not knowingly withheld any facts that could otherwise jeopardize consideration of my application. Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), I hereby authorize the City Colleges of Chicago to release the scholarship application information provided by me, as well as other official City Colleges of Chicago information regarding my academic progress and status, for the purpose of evaluating my eligibility as a scholarship recipient. I understand that if any information provided on this application is found to be inaccurate, my scholarship may be revoked. I understand that scholarship awards are based on the availability of funds.

Signature of applicant:

Date:

Printed name of applicant:

Email this application and any additional sheets to: Education@cmegroup.com

Please type in the subject line: [CME Group STAR Partnership Mayoral Award Application](#)