

**OTERO JUNIOR COLLEGE
FINANCIAL AID OFFICE
1802 COLORADO AVE.
LA JUNTA, CO 81050**

**COSMETOLOGY
2.5 GPA Scholarship Application
APPLICATION DEADLINE – August 1, 2019**

Name _____ SSN _____ Age _____

Present Address _____

Street City State Zip

Phone: _____ Email: _____

Date of High School Graduation _____ High School GPA _____

*OJC recommends all scholarship recipients apply for financial aid.

Signature _____ Date _____

Please attach an official copy of your high school transcripts.

After you have completed and signed this application, please give it to the director of the program for completion. Applications which are turned in without the information completed below by the director will be disregarded.

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FOR DIRECTOR USE ONLY: GPA _____

___ Student has met requirements for scholarship ___ Student has NOT met requirements for scholarship

Comments: _____

Authorized Signature Date

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**This Academic Scholarship is based upon cumulative High School GPA of 2.5. To be considered for this scholarship you must submit application for admission and be accepted by August 1st prior to the beginning of the fall semester. This scholarship will pay \$750.00 towards tuition per semester for full time students, based on available funding. The amount of the scholarship will be reduced if the student qualifies for other state aid so that the combination of state funding will not exceed \$750.00 per semester. Students may only receive one tuition scholarship from OJC. For more information, please contact the Financial Aid office at: 719-384-6834.*

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**3.0 GPA Scholarship Application
APPLICATION DEADLINE – August 1, 2019
Complete after the student's seventh semester**

Name _____ SSN _____ Age _____

Present Address _____
Street City State Zip

High School _____ Date of Graduation _____

*OJC recommends all scholarship recipients apply for financial aid.

Signature _____ Date _____

Please attach an official copy of your high school transcripts.

After you have completed and signed this application, please give it to your high school counselor for completion. Applications which are turned in without the information completed below by the high school counselor will be disregarded.

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FOR HIGH SCHOOL USE ONLY: GPA _____

COMPLETE ONLY AFTER STUDENT HAS COMPLETED 7 SEMESTERS.

High School Address City State Zip Code

Name of High School Official (Please Print) Signature Date School phone #

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This Academic Scholarship is based upon cumulative GPA of 3.0. To be considered for this scholarship you must submit application for admission and be accepted by August 1st prior to the beginning of the following fall semester. This scholarship will pay \$1,000.00 towards in-state tuition per semester for full time students, based on available funding. **The amount of the scholarship will be reduced if the student qualifies for other state aid so that the combination of state funding will not exceed \$1,000.00 per semester. Students may only receive one tuition scholarship from OJC. For more information, please contact the financial aid office at 719-384-6834.*