



# College Night Scholarship Application

*(Scholarship must be used at Columbia Basin College within 2 years)*

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number ( ) \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Month/Year

Did either of your parents graduate from college?  Yes  No  Unsure

Ethnic Background (optional) \_\_\_\_\_ Intended Major \_\_\_\_\_

**Please Answer the Following Questions:**  
*(Students may use additional pages if necessary)*

1. Why is education important to you? How would CBC assist you in meeting your goals?

2. What barriers have you had to overcome?

3. What are some barriers that would hinder your attendance at CBC?

4. What are your past achievements and/or work experiences?

5. How do you plan to pay for college?

