

CONTRACT FOR A BETTER
TOMORROW
2008-2009 APPLICATION



CBT Eligibility Criteria:

- Demonstrate financial need as determined by SFCC Financial Aid Office
- First in family to attend college (first generation college attendee);
- Working at least part-time;
- New Mexico high school graduate or New Mexico GED graduate;
- Must already be attending SFCC;
- 2.0 cumulative grade point average (GPA) or higher; and
- Enrolled in a minimum of 9 credit hours at SFCC in a degree/certificate program and have attended SFCC at least one semester before applying
- Can be from an undocumented immigrant background

Please print legibly and answer all questions.

The information received from this application will be used to determine your eligibility for the Contract for a Better Tomorrow program.

SFCC A Number: _____ Date: _____

Name: _____
First Last Middle Initial

Address: _____

City/State/Zip: _____

Phone/Cell/Message #: _____ Email Address: _____

Citizenship: US Citizen:___ US Permanent Resident:___ International:___ Undocumented:___

Currently enrolled in an SFCC degree/certificate program with a minimum of 9 credit hours? YES/NO

Degree/Certificate Enrolled in at SFCC: _____

Are you enrolled or going to be enrolled at another academic institution besides SFCC for the 2008-2009 academic school year?: YES/NO

If YES, are you receiving financial aid/assistance from this institution: YES/NO

- Check all that apply: First in family to attend college NM High School Graduate
 NM GED Graduate Immigrant/Undocumented Student
 Working Student

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Are you currently employed? YES/NO If so how many hours per week? _____

Name of current employer: _____

Have you received the CBT Scholarship at SFCC before? YES/NO

What other scholarship(s) at SFCC will you be receiving? _____

Please provide a statement below that explains:

- Your eligibility for the CBT Scholarship; and
- How this scholarship will assist you towards obtaining your educational goals; and
- Other information that you want the selection committee to consider.

If you require more space, please attach to your application.

I agree that the information on this application is accurate and complete to the best of my knowledge. I hereby authorize the Office of Student Development to obtain, copy, review, and discuss my student and financial aid records with the appropriate college departments as pertinent to my application and participation in the CBT program.

Signature: _____ Date: _____

Please drop off in Room 226 (Office of Student Development) .



Attn: Liz Bahe, OSD Director—CBT Scholarship
Office of Student Development
Santa Fe Community College
6401 Richards Avenue
Santa Fe, NM 87508-4887