

## Attachment B - Child Care Scholarship

### Chemeketa Community College Foundation Child Care Scholarship Application Career Goal Consultation Form

Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**Instructor/Program Chair/Advisor:** Please review the student's enrollment and grade history and answer these questions to the best of your ability. This form should be returned to the student for inclusion in the application packet. Your comments will help the scholarship committee assess this application.

1. Has this student discussed career and educational goals with you?    Yes    No
2. Has this student shown progress toward these goals through class choice and completion of requirements?    Yes    No
3. How long have you known this student? \_\_\_\_\_

**Comments:** \_\_\_\_\_  
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**Name (printed):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_