

2019 Can't Never Could, Inc. Scholarship



Description of Scholarship:

The Can't Never Could, Inc. scholarship is an annual scholarship available to a graduating senior who has been accepted into a four-year college, two-year college, or technical school and wishes to further his or her education. To qualify for the scholarship, the applicant must have an immediate family member who is battling or has battled cancer, or the applicant is personally battling cancer (any type) or a brain tumor or brain injury causing the applicant to have a financial hardship.

Guidelines for Scholarship:

1. Student shall fill out the attached application and provide paperwork requested. For students outside of Coweta County, they may also download the application on line on our website at www.cantnevercouldinc.com.
2. Applications are available in the Coweta County school counselor's office or online (see web address above) and should be returned to the student's counselor's office upon completion. Applications are due **NO LATER THAN March 1, 2019**. For students outside of Coweta County, please have your guidance counselor mail your application to: The Coweta Community Foundation, PO Box 236, Newnan, GA 30264.
3. Monies given by Can't Never Could, Inc. for this scholarship can be used only for tuition, books, room and board, or the meal program at the educational institution that the student plans to attend. Monies will be paid directly to the creditor and not to the individual who wins the scholarship.
4. Incomplete applications or applications that do not meet the scholarship description will not be considered.
5. Scholarships are available for the following schools only at this time: Newnan High School, Newnan, Georgia; East Coweta High School, Sharpsburg, Georgia; Northgate High School, Newnan, Georgia; Trinity Christian School, Sharpsburg, Georgia; The Heritage School, Newnan, Georgia; Harris County High School, Hamilton, Georgia; Greenville High School, Greenville, Georgia.

Can't Never Could, Inc. Scholarship Application



Name: _____ Phone: _____

Address: _____

Parents' Names: _____

Father's Occupation: _____

Mother's Occupation: _____

Name of Family Member Battling Cancer or a Brain Tumor/Injury: _____

Have you submitted a Financial Aid Form (FAF) or Family Financial Statement (FFS)? _____

Have you been accepted to a college or technical school for the coming school term? _____ If so, where? _____

Where do you plan to attend college? _____

When do you plan to enroll? _____

Have you selected a College Major? _____

Please attach the following:

1. Transcript of high school record from counselor.

- 2. Short paragraph outlining your situation that qualifies you for applying for this scholarship, as well as your plans for the future, your goals and ambitions.**
- 3. Statement of financial need by a parent or legal guardian.**
- 4. Three letters of reference, one from a faculty member, one from a friend/mentor, and one from a family member.**
- 5. Medical proof of the family member's cancer diagnosis.**
- 6. A resume is not required but will enhance the application.**
- 7. 1040 Individual Income Tax Return for the parents or guardians of the applicant.**

Parent or Legal Guardian Signature
(Required for release of student transcript)

Date