



## Mike Peterson Memorial Award Application

**Instructions:** Students interested in applying for a Mike Peterson Memorial Award must fill out the following electronic application in its entirety (incomplete or hand-written applications will not be accepted). Completed applications along with a letter of recommendation from a faculty member should be submitted to [Foundation@ChattahoocheeTech.edu](mailto:Foundation@ChattahoocheeTech.edu).

**Deadline:** Applications must be received by February 29, 2016 to be considered.

**Awarding:** Recipients are selected by Mike Peterson Memorial Foundation and will be notified within a timely manner following the deadline each year. Recipients will receive the tool kits in March.

### Application:

Student Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Chattahoochee Technical College Student ID: \_\_\_\_\_

Are you enrolled:  Full-time  Part-time Program of Study: \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_ Total CTC Credit Hours: \_\_\_\_\_

Current Grade Point Average: \_\_\_\_\_

What are your educational goals?

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List your experience with community service and volunteering and how that has affected you and your outlook.

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What extracurricular activities at Chattahoochee Tech are you involved with?

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How will the Mike Peterson Memorial Award tool set help you in your career?

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What are your career plans upon graduation?

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Why did you choose an automotive program?

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By checking this box, you agree that the answers you have provided on this application are truthful to the best of your ability.

By checking this box, you agree that the above application is complete and will be submitted along with a letter of recommendation from a faculty member.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For use by Mike Peterson Memorial Foundation:*

<input type="checkbox"/> Received date: _____
<input type="checkbox"/> Reviewed by: _____
<input type="checkbox"/> Recommended for approval by: _____