

## **2026 CPC & CSCT Joint Scholarship Application**

There will be (2) scholarships from the Chicago Society for Coatings Technology (CSCT) and (2) from the Chicago Paint and Coatings Association (CPCA). Hence forth, in order to insure there will be two winners from the CSCT and two winners from the CPC, there will be two separate entry pools. Applications from CSCT members will be put into one pool and entries from the CPC will be put in another. Applicants who are members of both organizations are entitled to an entry in each pool.

CSCT requires a two-year active membership prior to application.

CPCA does not give scholarships to grandchildren and retired/not active members cannot apply. Parent/s have to work for a member company for 2 years.

**Check the following boxes that apply to your membership status:**

**CPCA  CSCT**

All scholarships are on a one time only basis. Deadline is Friday, April 3, 2026  
To be completed by student/applicant:

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student I.D.# \_\_\_\_\_

High School, College or University Attended: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Proposed College or University: \_\_\_\_\_ Degree desired & discipline: \_\_\_\_\_

**Please attach a transcript of the last semester of school.**

If chosen as a winner for this year's scholarship, please provide the following information to send the check:

Name of College or University: \_\_\_\_\_ Attention to: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student I.D.: \_\_\_\_\_

To be completed by CSCT or CPC member:

Member's Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone #: \_\_\_\_\_ Member Cell Phone #: \_\_\_\_\_

Company Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Please give a brief Job Description: \_\_\_\_\_

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I certify that I have been a CSCT or CPC member for at least two (2) years. Please circle the organization you are a member and how long have you been involved in this organization.

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

I hereby certify the above information is correct. Any changes in my student status before or during the period of the award would be reported immediately to the CSCT/CPC.

Failure to report changes may result in revocation of the award.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed applications by Friday, April 3, 2026 to: John Stourac - john.stourac@gmail.com