



Scholarship Application

PLEASE PRINT

Name: _____
(Last) (First) (MI)

Age: _____ Single Married

Home Address: _____

(City) (State) (Zip)

Phone: _____

Name of Program in which you are enrolled: _____

Date you started in the program: _____

Date of graduation from high school: _____

Name of High School: _____

List educational expenses: _____

Total amount of scholarship funds you are requesting: \$ _____

Do you live with your parents? No Yes

If Yes, Parents' Total Income: \$ _____

Student's Employer: _____

Hourly Wage: \$ _____ Number of Hours Worked Per Week: _____

If Married, Spouse's Employer: _____

Hourly Wage: \$ _____ Number of Hours Worked Per Week: _____

Number of Family Members: _____

Have you applied for or received scholarship(s) or other assistance? Yes No

If Yes, give name of scholarship(s) or other assistance and dollar amount received:

Name of Scholarship: _____ Amount: \$ _____

What circumstances dictate your financial need for scholarship assistance?

I hereby certify that the preceding information is correct to be best of my knowledge. Incomplete information may jeopardize this application being considered.

Date: _____ Applicant's Signature: _____

(If under the age of 18) Parent or Legal Guardian's Signature: _____

(For Committee Member Use Only)

Dollar Amount Approved: \$ _____

Apply Amount To: \$ _____ Books

\$ _____ Uniforms, Supplies

\$ _____ Other: _____

Approved: Yes No

Approved by Student Advisor

Date

Yes No

Approved by Campus Director

Date