



Scholarship Application

Name: _____ Date: _____

Program: _____ Start Date: _____
Month Year

Address: _____
Street City State Zip

Phone: _____ Email: _____

FINANCIAL INFORMATION

Amount Requested: \$ _____

This amount would be used for: Books Tuition Lab Fees Tools

Industry Certification(s) Other _____

What is your family's **MONTHLY** income: \$ _____

What are the **TOTAL MONTHLY** expenses you must pay? \$ _____

Indicate all other aid for which you have applied or received:

TYPE OF AID	DATE	AMOUNT RECEIVED
Pell		
State		
FSAG		
Career Source		
Other		
Other		

THIS SECTION MUST BE COMPLETED:

Please explain any circumstances affecting your financial situation or any additional information that would be helpful in considering your application.

I authorize the Financial Aid Office to request and release an instructor's recommendation for a scholarship, classroom progress reports, attendance, grades and any additional information that may be necessary for scholarship consideration to any current or potential scholarship donor. I also authorize that the information on this application may be shared in full or in part with any potential scholarship donor.

Student's Signature: _____ **Date:** _____

PROGRAM PERFORMANCE

To be completed by your instructor.

Current Grade Average for the above student: _____

Days Absent: _____ Days Tardy: _____ Total Attendance %: _____

Comments or qualifying statements:

For Office Use Only

Amount Owed for Payment Period _____: _____ Date Due: _____

Approved by: _____ Date: _____

Approved by: _____ Date: _____

Amount: \$ _____ For: _____

Scholarship Fund: _____