



APPLICATION FOR SCHOLARSHIP

Name _____ Date _____
Address _____ Phone _____
City _____ Zip _____

High School Attended _____

Diploma or GED Year _____

Name of Program Enrolled in _____

Select Preference Full Time (6 hours per day)
 Half Time (3 hours per day)

Please list occupational goal(s).

Please state, in your own words, why you need this scholarship.

I understand that this tuition waiver applies only to Day Program Tuition and that I am responsible for fees and other expenses related to the program. I also understand that I must attend a minimum of 90% and maintain at least a C or 2.0 GPA to remain enrolled in the program.

Student

For Official Use Only

Tuition Waiver Approved Tuition Waiver Not Approved

School Official

Date

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