

Continuing Education Non-Credit Scholarship Application Form

To be completed by Student requesting consideration

Name: _____

Student ID Number (if known): _____

Date of Birth: _____

Street Address: _____

Email Address: _____

Phone Number: _____

Number of People in Household: _____

Annual Household Income: _____

Name of course you are requesting assistance for: _____

Course Number: _____

Course Start Date: _____

- If approved, the Continuing Education Scholarship will grant a *one-time* award of 75% of tuition for one course, *up to* \$100. Payment of any remaining tuition, fees, taxes, and supplies are the responsibility of the student.
- Registration and payment of the amount of tuition that would not be covered by the scholarship if granted, are due at the time of registration, and without, will stop the process.
- If the scholarship is not awarded, the student is responsible for payment of tuition in full if they choose to enroll. If the student should later request to drop the class, the request must be prior to the start date of the class in order to receive a full refund.
- In no event shall a refund include any monies that the student would have received from the scholarship if the class is dropped by the student or canceled by the College.
- *NOTE: Applications must be received at least two (2) weeks prior to the start date of class in order to be considered for a scholarship.*

Uses this area to calculate the amount of tuition due with application

Course Tuition: \$ _____

Subtract lesser amount; 75% of tuition or \$100 (whichever is less): \$ _____

Total tuition due at time of registration to be paid by student: \$ _____

Example

Course Tuition: \$200.00

Subtract lesser amount; 75% of tuition or \$100 (whichever is less): \$100.00*

**Note: 75% of \$200.00 is \$150 so the lesser amount is \$100.00*

Total Tuition due at time of registration to be paid by student: \$100.00

Please describe how receiving this scholarship will be of value to you, and share any special circumstances that support your request for financial assistance.

Student Signature: _____ Date: _____

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