

Continuing Education Non-Credit Scholarship Application Form

Name: _____
First MI Last

Phone: _____ Date of Birth: ____/____/____

Email: _____

Address: _____
Street City State Zip

Have you ever taken classes through SCC? Yes No

Course you are requesting assistance for: _____

Course Number: _____ - _____ - _____ Course start date: ____/____/____

Course Tuition: \$ _____
 Minus 75% of Tuition OR \$100 (whichever is less) - \$ _____
Total Tuition Due with Application \$ _____

Example:	Tuition:	\$200.00
(75% of tuition is \$150, lesser is \$100) -		<u>\$100.00</u>
Total Tuition due		\$100.00

NOTE: If approved and funds are available, the CE Scholarship will award 75% of the tuition up to \$100.
 Additional fees, taxes and supplies are not eligible.

List your annual household income \$ _____ # of people in your household? _____

Please tell us how receiving this scholarship will make a difference in your life, help you reach your short- or long-term goals, advance your education or impact the community. Include any special personal or family circumstances that affect your need for assistance. (Use back of page if needed)

IMPORTANT: Please submit this request with your class registration form and payment for the remaining tuition cost and fees that would not be covered by the scholarship. If you are not selected as an award recipient, you will be responsible for the remainder of the tuition or to drop the class before the start date to receive a refund.

Applicant (Student) Signature _____ Date ____/____/____

Office Use Only	
Date Received ____/____/____	by _____

Continuing Education
 Southeast Community College
 Personal. Professional. Practical.