

# Scholarship Application

## Non Credit Courses

Student Name _____	<b>FOR OFFICE USE ONLY</b>
Mailing Address _____	Date _____
City _____ State _____ Zip _____	Time _____
Home Phone (____) _____ Work (____) _____	Award _____
Cell ( ) _____ Email _____	Source _____
	Cost _____

Name of Course _____	Name of School _____
Start Date _____	End Date _____ Cost of Course _____
Does this course require passing an exam to receive a certification? YES NO	
Name of certification earned _____	

<b><u>INCOME INFORMATION</u></b>	
(All information must be filled in <b>COMPLETELY</b> or application will not be considered)	
Student Information:	
Employment:	Full-Time      Part-Time      Unemployed
If employed: Employer(s) _____	Gross Annual (Yearly) Earnings: \$ _____
Years Employed: _____	Position: _____
If married: Spouse's Employer: _____	Gross Annual (Yearly) Earnings: \$ _____
<b>2024 Adjusted Gross Income</b> ( If you have not filed your tax return, please estimate and state that the figure is an estimate.)	
\$ _____	
Value of other assets: savings accounts \$ _____; real estate \$ _____	
investments (stocks, bonds, retirement) \$ _____: Other: _____ \$ _____	

<b><u>EXPENSE INFORMATION</u></b>	
Do you rent or own your home?	Rent      Own      Monthly Rent or Mortgage Payment: \$ _____

For Student or Parent/Legal Guardian:

Marital Status:      Single              Married              Divorced              Separated              Widowed

Do you claim any dependents on your tax return?      Yes              No

If Yes, list name(s), age(s), and address (if different from yours) of all dependents:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**Write a brief statement:** explaining how much scholarship aid you feel you need and why you need it. Include any extenuating circumstances (i.e. personal or family medical problems, extra-ordinary financial obligations, etc.) If necessary attach a separate sheet of paper.

**Write a brief statement:** outlining your educational, personal, and professional goals. If necessary attach a separate sheet of paper.

All of the information on this application is true, complete, and correct to the best of my knowledge. I certify that I meet all eligibility criteria. If any changes occur, I will notify the Warren/Forest Higher Education Council. I agree, if asked, to give proof of the information on this form. I realize that this proof may include a copy of my, or if applicable, my parents' current federal and/or state tax return. Should any of the above information be incorrect, I will repay in full any assistance received. Should I withdraw from a course(s) or it is cancelled, I will notify the Warren/Forest Higher Education Council in writing and make arrangements for repayment or cancellation of the scholarship grant in full or repayment of that portion of the grant applied to the affected course(s). I understand that failure to do so will prohibit me from being considered for scholarships in the future. I understand that my name and the amount of the award will be released to the corporation or foundation that funds my award.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

While this grant is not a loan, the Warren/Forest Higher Education Council hopes that each recipient will feel the obligation to contribute to the Council's scholarship fund when and as he/she is able. This allows the Council to assist future students in the same manner that recipients are helped.

Revised (1-2025)