



SHORT-TERM CERTIFICATE SCHOLARSHIP INFORMATION APPLICATION

I am seeking: [] college credit courses [] workforce training

First Name _____ Last Name _____ Last 4 digits of SS# _____
Address _____
City _____ County _____ Zip _____

CONTACT INFORMATION:

Home _____ Cell _____
Work _____ E-Mail _____

PERSONAL INFORMATION:

Date of Birth _____ Number in Household _____
[] Male [] Female Former Foster Youth: [] Yes [] No
U. S. Citizen: [] Yes [] No Veteran: [] Yes [] No Disabled: [] Yes [] No
(Males Under 25) Registered with Selective Service: [] Yes [] No

Ethnicity:

[] White [] Black/African American [] Hispanic/Latino [] Asian American
[] American Indian/Alaska Native [] Native Hawaiian or other Pacific Islander [] Multiracial
[] Prefer not to disclose

EMPLOYMENT HISTORY:

Currently Employed: [] Yes [] No Receiving Unemployment: [] Yes [] No
Employer _____
Job Title _____ Current Annual Wage _____

EDUCATIONAL HISTORY:

Graduated High School: [] Yes [] No
GED: [] Yes [] No
Some College: [] Yes [] No
College Degree: [] Yes [] No [] Associate [] Bachelor [] Master Major/Program _____
Computer Experience: [] Yes [] No

Was your employment impacted by Covid-19?
[] Yes [] No
If yes, were you:
[] Laid off /terminated [] Hours reduced

OFFICE USE ONLY:
Course #: _____
Start Date: _____
End Date: _____

Signature _____

Today's Date _____