



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 _____

Home Phone _____ Cell Phone _____

E-Mail _____

Major/Program: _____

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

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

Signature _____

Today's Date _____

In addition to the application to determine eligibility. We will need one of the following:

- Annual Household Income/household size (Income is under 200% of the federal poverty level based on your household size). Either complete the 2022/2023 FAFSA or submit a copy of your most recent Federal Tax Return. Please black out your SS# prior to sending it in
• Unemployment as result of COVID – Submit copies of unemployment documentation
• Reduction of hours as a result of COVID - Submit documentation on letterhead from your HR office that you are experiencing a reduction of hours due to COVID crisis
• Documentation that you are receiving one of the following: TANF, SNAP, WIC programs. Information must have your name on it.