



Date of Application \_\_\_\_\_

## CORRY HIGHER EDUCATION COUNCIL PARTIAL SCHOLARSHIP APPLICATION

*\*Note: Scholarships are available only up to one-half the cost of any course. Students must pay at least one half of course cost. The more students can pay toward their courses, the more students the Education Council will be able to assist.*

Please print neatly, or type:

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_
3. Telephone (include area code) \_\_\_\_\_
4. \_\_\_\_\_

Courses for which you are requesting assistance	Date course begins	Full Cost of Course	Amount <u>you</u> can pay (Students must pay at least <u>one-half</u> the cost of each course, due at time of registration.)
1.			
2.			
3.			

5. If you have previously or are currently taking any other classes, please list & include schools. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The following information will be reviewed and retained in the most confidential manner. It is required only as a means of determining your need and motivation. The Council wants to award its funds to those who will most truly benefit from this aid, and who can demonstrate financial need, ambition, and ability to attain their education goals. Thank you.

6. If you are currently employed, please list employer(s) \_\_\_\_\_

\_\_\_\_\_

7. If you are not currently employed, when were you last employed? \_\_\_\_\_

\_\_\_\_\_

8. What is your source of income if not employed? \_\_\_\_\_

9. Please state your total monthly household income. \_\_\_\_\_

10. Number of people living in your household. \_\_\_\_\_

11. Number of dependents (age 18 or under, or on college) for whom you are financially responsible. \_\_\_\_\_

12. Are you a high school graduate or earned your GED? \_\_\_\_\_ yes \_\_\_\_\_ no

13. Year of your high school graduation or GED. \_\_\_\_\_

14. Please give a brief statement explaining why you need financial aid. Include specific circumstances such as personal, medical, and /or financial obligations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please list the name and phone numbers of two persons that can be used as references, preferably one professional and one personal (excluding immediate family)

Professional: \_\_\_\_\_

Personal: \_\_\_\_\_

16. Write a brief statement outlining your educational, personal, and career goals.

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- ◆ All the information on this application is true and complete, to the best of my knowledge.
- ◆ If any changes occur, I will notify the Corry Higher Education Council.
- ◆ I agree, if asked, to have proof of the information on this form.
- ◆ **Should I withdraw from my course(s), I will notify the Higher Education Council and make arrangements for repayment of the scholarship in full or for repayment of the portion of the grant applied to the course(s) from which I withdrew.**

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Student's signature

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Date

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To be completed by the Corry Higher Education Council:

\_\_\_\_\_ Approved

\_\_\_\_\_ Not approved

\_\_\_\_\_ Date

\_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_ Amount

\_\_\_\_\_