



Workforce Development Scholarship Application

DEADLINE DATES:
Scholarship application must be submitted at least two weeks prior to the start of the class.

SCHOLARSHIP INSTRUCTIONS AND CRITERIA

Please check all that apply:

- Anticipated enrollment must be in a non-credit, entry-level employment program (professional development classes do not apply).
- Must be age 17 or older.
- You must be a U.S. citizen (preference will be given to St. Clair County residents).
- You must meet pre-enrollment requirements, i.e. WorkKeys assessment (must meet minimum scores), prerequisites, etc.
- Awards are not transferrable and therefore only may be used for program of enrollment and start date indicated on this application.
- A separate application must be submitted each semester for consideration.
- Only one non-credit scholarship award may be given to you during your lifetime.
- Attach copy of SC4's WorkKeys assessment score card.

APPLICANT INFORMATION – COMPLETE ALL ITEMS

I authorize:

- SC4 to release information from this application to the donor of the scholarship.
- SC4 to release information to the media if a scholarship is granted. Please note below if you do **not** want information sent to the media.

Name: _____ Social Security Number: _____-_____-_____

Address: _____ Date of birth: ____/____/_____

City: _____ Home phone number: () _____ - _____

State: _____ Cell phone number: () _____ - _____

ZIP: _____ Email address: _____@_____.

County of residence: _____

Highest K-12 grade completed: _____

Highest level of education completed: No high school diploma or GED
 High school diploma
 GED or equivalent
 Other _____

WorkKeys assessment: Date successfully completed _____

Have you been awarded a non-credit scholarship in the past (please check one): Yes No

Intended term of enrollment (please check one): Fall 20____
 Winter 20____
 Summer 20____

Intended entry-level program of enrollment: _____

Requested scholarship amount: \$ _____

- The following classes are eligible for this scholarship:**
- Computer Skills for the Office Clerk
 - Certified Nurse Aide
 - Emergency Medical Technician

If you are not awarded the full amount, how do you plan to fund the remaining balance (check all that apply):

- Michigan Works! funding
- Michigan Rehabilitation
- Personal
- Other scholarship
- Other, please specify: _____

I do not authorize information to be released to the media should I receive a scholarship.

Application Questions

Please describe your situation with regard to your need for financial assistance.

Please describe your career goals and your commitment to successful completion of the program.

I certify that all answers I have given are complete and accurate. I understand that falsification of any information requested on this application may result in cancellation in consideration or award given.

Application date: ____/____/____

Applicant's signature: _____

Return application to: St. Clair County Community College, Financial Aid office, 323 Erie St., P.O. Box 5015, Port Huron, MI 48061-5015. You also may fax to (810) 989-5774 or drop off in person to the Financial Aid office, first floor, M-TEC.