



# 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 transferable 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\_\_

The following classes are eligible for this scholarship:

- Computer Skills for the Office Clerk
- Certified Nurse Aide
- Emergency Medical Technician

Intended entry-level program of enrollment: \_\_\_\_\_

Requested scholarship amount: \$ \_\_\_\_\_

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

- Michigan Works! Funding
- Personal
- Other Scholarship
- Michigan Rehabilitation
- 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 that 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 may also fax to (810) 989-5774 or drop off in person to the Financial Aid office, first floor, SC4 Welcome Center Building**