



SCHOLARSHIP APPLICATION

Applicants are considered for scholarships without regard to race, color, national origin, religion, sex, age, sexual orientation, marital status, genetic information, disability, citizenship status, or any other basis prohibited by law.

Please print and answer all questions

GENERAL INFORMATION

Date: _____ Are you at least 28 years of age or older? _____

Name: _____

Present Address: _____
Street City State Zip

Telephone No. (_____) _____ Email address _____
Area Code

If you have resided at your present address less than five years, list your prior address(es):

Prior Address: _____
Street City State Zip

Prior Address: _____
Street City State Zip

Prior Address: _____
Street City State Zip

Have you ever been convicted of or pled guilty to a crime? ☐ Yes ☐ No

(Conviction or plea will not necessarily disqualify applicant from scholarship)

If yes, please state when, where and final outcome: _____

Are you a U.S. Citizen? ☐ Yes ☐ No

Have you filed an application here before? ☐ Yes ☐ No If yes, give date(s) _____

EDUCATION**College or Special****Graduate**

Circle last year completed:

13

14

15

16

17

18

19

School name & location: _____

Number of years: _____ Major: _____ Date: _____

School name & location: _____

Number of years: _____ Major: _____ Date: _____

High School name & location: _____

Number of years: _____ Major: _____ Date: _____

What is your desired field of study? _____

How close are you to completing your degree or certification? _____

Do you currently hold a degree? If so, what type?

_____.

What do you anticipate will be the impact on your employment status when you complete your degree/certification? _____

Are you eligible for tuition assistance from your employer? _____

Other schooling or relevant training: _____

Is there any reason that you would not be able to attend class consistently and on time? _____

PERSONAL REFERENCES

List the name, address, and telephone number of three references who are not related to you.

<i>Name</i>	<i>Address</i>	<i>()</i>	<i>Telephone No.</i>
<i>Name</i>	<i>Address</i>	<i>()</i>	<i>Telephone No.</i>
<i>Name</i>	<i>Address</i>	<i>()</i>	<i>Telephone No.</i>

EMPLOYMENT RECORD

Starting with your present or most recent job, list your employment experience. **Do not omit any employment.**

Employer		Kind of Work Performed: Reason for Leaving:
Address	Employment Dates	
Telephone ()	From	
Job Title	To	
Immediate Supervisor		
Employer		Kind of Work Performed: Reason for Leaving:
Address	Employment Dates	
Telephone ()	From	
Job Title	To	
Immediate Supervisor		
Employer		Kind of Work Performed: Reason for Leaving:
Address	Employment Dates	
Telephone ()	From	
Job Title	To	
Immediate Supervisor		
Employer		Kind of Work Performed: Reason for Leaving:
Address	Employment Dates	
Telephone ()	From	
Job Title	To	
Immediate Supervisor		

(If you need additional space, please continue on a separate sheet of paper.)

May we contact the employers listed above? ☐ Yes ☐ No If no, indicate which one(s) you do NOT wish us to contact, and state the reason why. _____

DEGREE/CERTIFICATION ATTAINMENT PLAN

Please submit the answer to the following questions on a separate page:

1. What has prevented you from completing your education in the past?
2. What will you do differently this time to ensure success? What has changed?
3. Why did you choose the area of study you wish to pursue?
4. What else would you like to tell us?

Applicant's Statement

(Please indicate that you have read and that you understand each paragraph of this Applicant's Statement by placing your initials beside each paragraph.)

_____ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of receiving a scholarship, I understand that false, misleading, or omitted information in my application may result in disqualification.

_____ I authorize investigation of all statements contained in this application for scholarship as may be necessary in arriving at a decision. In making this application for scholarship, I understand that information may be obtained through interviews with the personal references and past employers. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this review and to the consideration of any statements of references or former employers that are given in response to the inquiry.

_____ I hereby release all parties, including the Washington County Community Foundation, personal references, and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action the Washington County Community Foundation takes on the basis of such information.

_____ I understand that any scholarship is contingent upon my ability to pass a drug screen test.

_____ I understand that this application is not, and is not intended to be, a guarantee of receipt of a scholarship and that any resulting scholarship is for no fixed period of time and is terminable at any time and for any reason by the Washington County Community Foundation or by me.

_____ I understand that I must complete the College Cost Estimator and an evaluation through the WorkOne Office.

_____ I hereby grant to the Washington County Community Foundation the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of related photographs or videotaped images for use in connection with the activities of the Foundation or for promoting, publicizing or explaining the Foundation or its activities. This includes, without limitation, the right to publish articles, stories and information regarding my scholarship and subsequent outcomes, and images, in the Foundation's reports, visual presentations about

the Foundation, the Foundation's web site, and other public relations/promotional materials, such as marketing publications, or advertisements. These may appear in any of the wide variety of formats and media now available to the Foundation and that may be available in the future, including but not limited to print, broadcast, videotape, and electronic/online media and may be licensed or sold to other community foundations.

Date

Signature of Applicant

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER SIX MONTHS