

Non-Credit Scholarships Student Application

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ Mailing Address (if applicable) _____

City _____ State _____ Zip _____ County _____

Preferred Phone _____ Email _____ Date of Birth _____

1) Are you currently employed? Yes
 No

If YES: Job Title _____ Employer: _____

If NO: How long have you been unemployed? _____

2) Are you receiving any state assistance? Yes
 No

If YES: From what agency? _____

3) Are you a veteran? Yes
 No

4) I plan to enroll in the follow training program/course:

Program/Course Title	Course ID	Start Date	Total Cost

5) In a paragraph below, please tell us about your career goals and how this training program will help you achieve those goals.

Non-Credit Scholarships

Student Application

HAVE YOU BEEN IMPACTED BY THE COVID PANDEMIC? YES OR NO **EXPECTATIONS FOR NON-CREDIT SCHOLARSHIP RECIPIENTS**

Recipients are required to pay any portion of the tuition and fees not covered by scholarships or other sources of financial assistance. Payment must be made within 24 hours of registering.

Scholarship funding is limited to the cost of tuition and fees. The recipient is responsible for covering the cost of books, test fees, and any other course materials.

Recipients must be in good standing with the Chesapeake College business office in order to receive non-credit financial assistance.

All program/course prerequisites must be completed to keep scholarship funding and continue in the program/class.

Recipients must meet all requirement of program/course completion. Recipients who do not complete and/or pass a course will not be eligible for future scholarship assistance.

Recipients may be asked to provide information on employment or career changes as a result of the training they have received.

Recipients may be asked to attend an event and/or write a letter thanking the donor who provided their scholarship.

ACKNOWLEDGEMENT & SIGNATURE

By signing this application, I certify that all of the information provided is true to the best of my knowledge and that I understand the expectations outlined above. I understand that the Upper Shore Workforce Scholarship Office reserves the right to adjust or cancel any scholarship award(s) based on my failure to comply with the expectations as listed.

Signature _____ **Date** _____

Please return to wib@chesapeake.edu.