



**Warren Forest Higher Education Council**  
589 Hospital Drive, Suite F, Warren, Pennsylvania 16365  
814-723-3222  
*Your Access to Lifelong Learning at [www.hi-ed.org](http://www.hi-ed.org)*  
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# Summer 2012 Scholarship Application Credit Courses

Name _____	<b>FOR OFFICE USE ONLY</b>
Mailing Address _____	Semester _____
City _____ State _____ Zip _____	Date _____
Home Phone (____) _____ Work (____) _____	Time _____
For JCC Students Only — J# _____	College _____
	Award _____
	Source _____

### Authority to Release Information

Please complete the following information by printing neatly. A copy of this release will be provided to the institution you indicate you will be attending to authorize the release of information to the Warren/Forest Higher Education Council.

Name of college you will be attending: \_\_\_\_\_

Scholarship Assistance is requested for the following Semester:    ( ) Fall    ( ) Spring    ( ) Summer  
Year \_\_\_\_\_

I have ( ) have not ( ) filed the appropriate Free Application for Federal Student Aid (FAFSA) for the institution listed. The institution identified above must be listed as a college of choice on the application. The institution cannot determine your scholarship or grant eligibility if you have not filed the FAFSA for the current academic year OR if you have not listed the institution as a college of choice.

I hereby authorize the Executive Director of the Warren/Forest Higher Education Council to obtain any information in your files pertaining to my enrollment at your institution for the periods for which I have requested scholarship assistance. This release is executed with the full knowledge and understanding that the information is for the official use of Warren/Forest Higher Education Council so they may make a determination of scholarship assistance available to me.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
Date

Please note: If you are in an undergraduate program, you may be eligible for federal and state assistance. If you are taking at least 6 credits, you may be eligible for PHEAA assistance. The Warren/Forest Higher Education Council expects you to apply and determine your eligibility for those funds before applying for this scholarship.

**Talk to your school's representative for information on the federal and state aid. (Attach award notification.)**

If you did not apply, give your reasons for not applying for aid and an explanation of how you will pay for courses:

EDUCATION INFORMATION

High School Attended: \_\_\_\_\_ Year of Graduation or GED (passed) \_\_\_\_\_

Have you attended any post-secondary programs in the past?  Yes  No

Describe \_\_\_\_\_

Have you ever taken courses offered through Warren/Forest Higher Education Council?  Yes  No

If yes, please list last course(s) taken:

School

Course Title

Grade Earned

What is your current GPA? \_\_\_\_\_

Please attach proof of grade(s), mid-semester grade for current courses.

Are you working towards a degree or certificate?  Yes  No If yes, please name \_\_\_\_\_

List the course(s) for which you have registered this term and are requesting financial aid. (*You must be registered for the courses before submitting this application. Only course(s) taken at the Council are eligible for aid.*)

Attach a copy of your semester registration form.

School

Course Title

Cost of course(s) listed above:

Total credits \_\_\_\_\_ x Cost per credit \$ \_\_\_\_\_ = \_\_\_\_\_ Tuition

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+ \_\_\_\_\_ Books

+ \_\_\_\_\_ Additional Fees

= \_\_\_\_\_ Total Expense

INCOME INFORMATION

(All information must be filled in *COMPLETELY* or application will not be considered)

Employment:  Full-Time  Part-Time  Unemployed

If employed: Employer(s) \_\_\_\_\_ Gross Annual (Yearly) Earnings: \$ \_\_\_\_\_

Years Employed: \_\_\_\_\_ Position: \_\_\_\_\_

If married: Spouse's Employer: \_\_\_\_\_ Gross Annual (Yearly) Earnings: \$ \_\_\_\_\_

2011 Adjusted Gross Income (This is the amount reported on your federal tax return, Form 1040-line 37, 1040A-line 21, or 1040EZ-line 4. (If you have not filed your tax return, please estimate and state that the figure is an estimate.) \$ \_\_\_\_\_

Value of other assets: savings accounts \$ \_\_\_\_\_; real estate \$ \_\_\_\_\_  
investments (stocks, bonds, retirement) \$ \_\_\_\_\_; Other: \_\_\_\_\_ \$ \_\_\_\_\_

EXPENSE INFORMATION

Do you rent or own your home?  Rent  Own Monthly Rent or Mortgage Payment: \$ \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed

**Dependents: Are you claimed as a dependent on anyone's tax return?**  Yes  No

If Yes, give full name and relationship of person who claims you as a dependent:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Do you claim any dependents on your tax return?  Yes  No

If Yes, list name(s), age(s), and address (if different from yours) of all dependents:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Number of dependents in college or other post-secondary programs: \_\_\_\_\_

*Additional FINANCIAL AID INFORMATION*

Will you receive or have you applied for any grants, scholarships, employer reimbursement, or other assistance of any kind for your education?  Yes  No

If yes, indicate the source(s) of assistance and the amounts:

PELL \$ \_\_\_\_\_ PHEAA \$ \_\_\_\_\_

Student Loan \$ \_\_\_\_\_ Employer Reimbursement \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

On the back of this paper, write a brief statement: explaining how much scholarship aid you feel you need and why you need it. Include any extenuating circumstances (i.e. personal or family medical problems, extraordinary financial obligations, etc.) If necessary attach a separate sheet of paper.

On the back of this paper, write a brief statement: outlining your educational, personal, and professional goals. If necessary, attach a separate sheet of paper.

All of the information on this application is true, complete, and correct to the best of my knowledge. I certify that I meet all eligibility criteria. If any changes occur, I will notify the Warren/Forest Higher Education Council. I agree, if asked, to give proof of the information on this form. I realize that this proof may include a copy **of my, or if applicable, my parents' current federal and/or state tax return.** Should any of the above information be incorrect, I will repay in full any assistance received. Should I withdraw from a course(s) or it is cancelled, I will notify the Warren/Forest Higher Education Council in writing and make arrangements for repayment or cancellation of the scholarship grant in full or repayment of that portion of the grant applied to the affected course (s). I understand that failure to do so will prohibit me from being considered for scholarships in the future. I understand that my name and the amount of the award will be released to the corporation or foundation that funds my award.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

While this grant is not a loan, the Warren/Forest Higher Education Council hopes that each recipient will feel the **obligation to contribute to the Council's scholarship fund when and as he/she is able.** This allows the Council to assist future students in the same manner that recipients are helped.

Revised (1/12)