



**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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# Scholarship Application

## Non-Credit Course

Name _____	<u>FOR OFFICE USE ONLY</u>
Mailing Address _____	Date _____
City _____ State _____ Zip _____	Time _____
Home Phone (____) _____ Work (____) _____	Award _____
	Source _____
	Cost _____

Name of Course \_\_\_\_\_ Name of School \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Cost of Course \_\_\_\_\_

Does this course require passing an exam to receive a certification? Yes No

If yes, name of certification received \_\_\_\_\_

*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: \$ \_\_\_\_\_

2010 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, or other assistance of any kind for this program? Yes No

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

Will you receive employer reimbursement for this course? Yes No If yes, amount \$\_\_\_\_\_

On a separate page, 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, extra-ordinary financial obligations, etc.) If necessary attach a separate sheet of paper.

On a separate page, 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 (5/11)