



Warren Forest Higher Education Council
589 Hospital Drive, Suite F Warren, PA 16365
814-723-3222 • www.hi-ed.org

Scholarship Application

Non Credit Courses

| | |
|---|----------------------------|
| Student Name _____ | FOR OFFICE USE ONLY |
| Mailing Address _____ | Date _____ |
| City _____ State _____ Zip _____ | Time _____ |
| Home Phone (____) _____ Work (____) _____ | Award _____ |
| Cell () _____ | 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 | | |
| Name of certification earned _____ | | |

INCOME INFORMATION

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

Student Information:

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: \$ _____

2021 Adjusted Gross Income ((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: \$ _____

For Student or Parent/Legal Guardian:

Marital Status: Single Married Divorced Separated Widowed

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 _____

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.

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 (8-2021)