

**Midland College**  
**Health Sciences Continuing Education**  
Scholarship Application Information

Midland College HSCE may be able to provide scholarship funding for a portion of your **HSCE tuition** for qualifying applicants. We will need the following items:

- Completed Application
- Proof of Income (Household income/previous year W2)
- A one-page essay expressing your education/career goals and your financial need (preferably typed)
- A *Thank You Note* that will be presented to your scholarship donor

The **deadline to turn in this packet is TWO WEEKS prior to start date of class.** We will notify you by phone if award is granted. Please assure that your contact information is correct.

A scholarship award does **not** secure your spot in class. You must complete all paper work (including your immunization records/CPR/ high school diploma where appropriate) and pay your remaining balance before your spot is secure. Please remember that our courses are a first-come, first-served registration process.

Thank you for your interest in our HSCE programs.

**Questions? Please call:**

**Kim Daw**  
(432) 681-6338



# MIDLAND COLLEGE

Continuing Education  
Scholarship Application

Office Use Only  
Program: \_\_\_\_\_  
Scholarship: \_\_\_\_\_  
Amount: \_\_\_\_\_

## Biographical Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_(\_\_\_\_) \_\_\_\_\_ Cell Phone: \_(\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_

Ethnicity: White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian \_\_\_ American Indian \_\_\_ Other \_\_\_

## Admissions Information

Educational Objective: \_\_\_\_\_

For which courses are you requesting a scholarship? (Please list all.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Academic History

Are you a high school graduate or GED? Yes \_\_\_ No \_\_\_

Are you a first-time college student? Yes \_\_\_ No \_\_\_

Previous continuing education course(s) you have taken:

\_\_\_\_\_  
\_\_\_\_\_

Do you plan on enrolling in another course(s) next semester? Yes \_\_\_ No \_\_\_ Unsure \_\_\_

Future program(s) of interest to study: \_\_\_\_\_

## Required: Income Information

- W2 Gross Annual Income: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_  
 \*We do not keep copies of W2s, Tax Returns, or check stubs. Bank Statements are NOT accepted.  
 \*Students receiving social security benefits/disability benefits must provide a copy of their benefits statement.
- Living Arrangements: Own Home \_\_\_\_\_ Rent \_\_\_\_\_ Live with parents \_\_\_\_\_ Other \_\_\_\_\_
- Please list below all persons living in the household: (Attach additional pages if needed.)
  - Dependent students – List all persons living in the household (including your self) that your parents support.
  - Independent students – List all that are in your household (including yourself) that YOU support.

Full Name	Age	Relationship to Applicant	Income from Work

## Required: Letter of Need

- Write a brief statement telling about your career goals.
- Include any extraordinary circumstances or other information that you feel would benefit the scholarship committee in evaluating your application (such as unemployed).
- Sign and date your statement.

## Certification Statement

I certify that to the best of my knowledge the information contained on this form is correct and complete. I agree that Midland College has my permission to verify any and all information. I understand that any discrepancies will be evaluated.

No student or prospective student will be excluded from participation in or be denied the benefit of financial aid at Midland College on the basis of race, age, national origin, religion, sex, or handicap.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 (If student is under 18)