



MIDLAND COLLEGE
WORKFORCE CONTINUING EDUCATION
SCHOLARSHIP APPLICATION

DEADLINES: Two weeks prior to course(s) start date(s). **NO EXCEPTIONS.**

Please TYPE or PRINT CLEARLY. ALL applications must be completed.

Biographical Information

First Name _____ MI _____ Last Name _____

Social Security # _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email address _____

Admissions Information

Are you a first-time college student? Yes _____ No _____

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

Scholarships may be awarded up to 50% of total program costs (scholarship does not cover books or supply fees). Maximum amount: \$500.00 per household per academic year.

Academic History

Are you a high school graduate or GED? Yes _____ No _____

High School Name _____ City _____

County _____ State _____

If you have previously attended another college/university, please list the names of those institutions:

Previous continuing education course(s) you have taken: _____

Number of college hours completed: _____

WFCE Office Use Only

Date Application Received: _____ By: _____

Amount Awarded: _____

Date Student Contacted: _____

Student Accepted: Yes _____ No _____

Notified by: _____

Income Information

A copy of your most recent tax return is REQUIRED in order for your application to be considered. Your application will not be processed without this information. Paycheck stubs, bank statements, etc. are not accepted. Students receiving social security/disability must provide a copy of their benefits statement.

Living arrangements: (Attach additional pages if needed.)

Live with parents _____ Own home _____ Rent _____

Marital Status:

Single/Never married _____ Married _____ Divorced _____ Widowed _____

Please list below all persons living in the household:

(**Dependent** students – List all persons living in the household that your parent(s) support.

Independent students – List all that are in your household that **YOU** support.)

Full Name	Age	Relationship to Student	College Attending
		Self	Midland College

Other

On a separate sheet of paper, please specify any extraordinary circumstances and any other information that you feel would benefit the scholarship committee in evaluating your application. Also please write a brief statement telling us about your career goals. Please include your name and social security number on all additional pages.

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 benefits 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)

Application Checklist

The application is complete and accurate _____
All information has your name and social security number _____
You have signed and dated the application _____
Copy of tax return is attached _____

**Submit completed application, attachments and documentation to:
Workforce Continuing Education, Attn: Sara Lyons or Tammy Parish
3200 W. Cuthbert Midland, Texas 79701
Telephone: (432)697-5863 OR Fax: (432) 699-8094**