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 <u>not</u> 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:

Susie Villanueva (432) 681-6363, or

Kim Daw (432) 681-6338



MIDLAND COLLEGE

Office Use Only
Program:
Scholarship:
Amount:

Continuing Education Scholarship Application

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? Ye	es No			
Are you a first-time college student? Yes _	No			
Previous continuing education course(s) yo	ou have taker	n:		
Do you plan on enrolling in another course	e(s) next sem	ester? Yes No	Unsure	
Future program(s) of interest to study:				

Required: Income Informati	on		
*We do not keep copies of \	V2s, Tax	Monthly Salary: Returns, or check stubs. Bank Sta enefits/disability benefits must pro	tements are NOT accepted.
 Living Arrangements: Own 	n Home	Rent Live with pare	ents Other
 Please list below all perso 	ns living	in the household: (Attach add	itional pages if needed.)
your parents suppor	t.	persons living in the household (i	
Full Name	Age	Relationship to Applicant	Income from Work
Required: Letter of Need			
Write a brief statement te	lling abo	out your career goals.	
		tances or other information the in evaluating your application	•
 Sign and date your statem 	ent.		
Certification Statement			
I certify that to the best of my knowl complete. I agree that Midland Colle that any discrepancies will be evalua	ge has m		
No student or prospective student w financial aid at Midland College on tl			
Applicant's Signature		Date:	
Parent's Signature		Date:	

Midland College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following individuals have been designated to handle inquiries regarding the non-discrimination policies: Tana Baker, Title IX Coordinator/Compliance Officer, 3600 N. Garfield, SSC 242, Midland, TX 79705, (432) 685-4781, tbaker@midland.edu; Natasha Morgan, Director Human Resources/Payroll, 3600 N. Garfield, PAD 140, Midland, TX 79705, (432-685-4534, nmorgan@midland.edu. For further information on notice of non-discrimination, visit http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm or call 1-800-421-3481.

(If student is under 18)