



Non-Credit Scholarship Application

Name _____ Banner ID # _____

Address _____

City/Town _____ State _____ Zip _____

Phone Number _____ Birth Date _____

Male Female

Program Applying For: CNA Phlebotomy CNA Review EKG Skills
 Medical Assistant Pharmacy Technician Central Sterile Processing
 Medical Administrative Assistant Veterinary Assistant

Amount requested _____ (\$150 max)

Number of people in household _____

Household yearly income: \$ _____

Employed? No Yes Employed by: _____

Statement of Need - Please indicate the reason(s) you are seeking tuition assistance for the above program. Please include any extenuating circumstances.

I declare that all the above information is true and accurate.

Signature _____ Date _____

Application reviewed and recommended by:

_____ Date _____

For Office Use Only

Form Rec'd _____ **Approved on:** _____ **Declined**

Amount Awarded \$ _____

Scholarship Source:

Dr. LaGanga Scholarship

Emergency Fund

Follett Bookstore

Other:

Form of Payment:

Bookstore Voucher _____

Tuition Voucher to Business Office _____

Other _____