



Scholarship APPLICATION

PLEASE PRINT

Name: _____ Male Female
(Last) (First) (Middle)

Street Address: _____ Date of Birth: _____

City/State/Zip: _____ SSN# _____ - _____ - _____

County: _____ Telephone: _____

High School Diploma _____
GED _____

School Attended: _____ (Name) _____ (County) Date of Graduation: _____
GPA: _____

Course Plans
When do you plan to enroll at CFI? _____

Have you contacted Workforce Connection to apply for a scholarship? _____ Date: _____

Please complete the following on a separate sheet of paper and attach to this scholarship application:

- List any community service and extracurricular activities in which you have participated.
- State your educational and career goals
- Explain why you feel you should be the recipient of a scholarship as related to your educational and career goals.
- Describe your financial situation, means of support, and any unusual financial circumstances. Applicants are asked to demonstrate financial need with one of the following: Last tax return, unemployment notice, approval from agency for food stamps, etc.

I HEREBY AUTHORIZE THE FINANCIAL AID OFFICE TO RELEASE THIS APPLICATION AND ANY RELEVANT SUPPORTING ACADEMIC AND/OR FINANCIAL AID REPORTS TO PERSONS INVOLVED IN THE SELECTION OF SCHOLARSHIP RECIPIENTS. IN ADDITION, I AUTHORIZE THE RELEASE OF AN ACADEMIC PROGRESS REPORT TO THE DONOR, FOR THE SCHOLARSHIP DURATION.

Signature: _____ Date: _____

Scholarships will be awarded on an ongoing basis. The scholarship application is located on the cfcctraining.com Web site. The deadlines for application and the courses that are eligible for scholarship are also found there.

Mail application to: _____



CF INSTITUTE
Tuition Assistance
Individual Training Plan

Contact Information

Name: _____ SSN: _____

Address: _____ Phone Number: (____) _____

_____ Alternate Number: (____) _____

County of Residence: _____ US Citizen? _____ Yes _____ No

Describe your career goals:

For what courses are you applying? _____

Dates of Course: _____

Employment Goal:

Name of Employer: _____

Position Title: _____

Hours Per Week: _____

Commitment Statement

- I agree to complete the entire program as outlined in the Individual Training Plan.
- I agree to notify the CF Institute of circumstances that would prohibit completion of this plan.

General Release Information

I certify that the information I have presented on this document is true and correct to the best of my knowledge. By my signature below, I am also authorizing Central Florida Community College to release the information contained on my application. In addition, I authorize any employer to release information requested by Central Florida Community College for me to receive tuition assistance.

Applicant's Signature

Date

Office use only

Approved _____

Amount _____