

APPLICATION

PERSONAL INFORMATION

Name of Applicant: _____

Name of Apartment Community: _____

Street Address: _____

City, State, Zip: _____

Phone number: (H) _____ (W) _____ Email: _____

Are you a first-time applicant to CAHEC's Adult Scholarship Program? Yes No

ENROLLMENT INFORMATION

Major: _____ Expected Graduation Date: _____

Enrollment status (i.e. P/T, F/T): _____ Semester for which you are requesting funding: _____

of credit hours towards degree completed: _____ # of credit hours towards degree remaining: _____

SCHOOL INFORMATION

School/University Name: _____

Deadline for Drop/Add: _____ Deadline for Course Refunds: _____

School Billing Office:

Name of Contact Person: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

In order to measure the success of our program, it is necessary to track your progress during and after your participation in the Adult Scholarship Program. Do you agree to provide occasional program feedback and complete a post-education survey? Yes No

DOCUMENT CHECKLIST

Please attach the following items to your ASP application:

- Essay Questions (*1st time applicants and annual renewals only*)
- Reference Forms (*1st time applicants only*)
- Class Schedule or other proof of enrollment
- Syllabi
- Tenant Income Certification (*only if fulltime student*)
- Student Status Affidavit & backup documentation (*only if fulltime student*)
- Copy of State ID (*1st time applicants only*)
- Previous Semester Grades (*renewal applicants only*)

APPLICATION – Continued

STATEMENT OF EDUCATIONAL COMMITMENT

By signing below, I acknowledge that I am committed to furthering my education. I will strive to maintain satisfactory academic progress in each course. I understand that satisfactory academic progress is defined as maintaining a 2.75 GPA or better each semester. I understand that my academic progress will be reviewed in order to be considered for future scholarship disbursements. I also understand that I must notify CAHEC if I withdraw from a course and will have the cost of these classes deducted from any future awards I might receive from CAHEC through the Adult Scholarship Program.

Signature of Applicant

Date

STATEMENT OF ACCURACY, AUTHORIZATION FOR RELEASE OF INFORMATION & DISCLOSURE

By signing below, I attest that all information provided on this ASP application is accurate to the best of my knowledge. My signature also authorizes the educational institution and other third parties, as identified in this application, the ability to disclose all pertinent student information to CAHEC (i.e., admission, enrollment, billing, and academic performance). I hereby give CAHEC permission to potentially disclose the included information for non-commercial purposes. I understand that this information will not be used for exploitative means, but rather, to share portions of my testimony in order to encourage future participation and help secure the continued success of CAHEC's Community Programs.

Signature of Applicant

Date

RESIDENCY VERIFICATION & RECOMMENDATION – *for property/site manager*

By signing below, I certify that the applicant is in good standing and I support his/her participation in the Adult Scholarship Program.

Signature of Property/Site Manager

Date

Attention Property/Site Manager: Please include any additional information that would support your recommendation of the above-named applicant.

APPLICATION – Continued

ESSAY QUESTIONS – *to be completed by first-time and annual renewal applicants only.* Please address all questions in order to be considered for scholarship funding. Use an additional sheet if you need additional space.

1. What life event or experience has led you to pursue this education? _____

2. Are you currently employed? If so, list your job position and main job responsibilities. _____

3. What are your future employment goals? _____

4. Please explain how your desired degree will help you achieve your employment goals. _____

5. What is your timeline for completing your desired degree? _____

6. Do you foresee any obstacles that may prevent you from completing your desired degree? If yes, please describe. _____

APPLICATION – *Continued*

REFERENCE FORM #1 – *to be completed for first-time applicants only.* Reference must be employer (past or present) or professional associate: co-worker, supervisor, instructor, community leader.

Name of Applicant: _____

Name of Reference: _____

Relationship to Applicant: _____

Phone Number: _____

1. In what capacity and for how long have you known the applicant? _____

2. What barriers/challenges has the applicant overcome to get to the point where he/she can pursue a higher education? _____

3. Please give an example that would illustrate the applicant's commitment to self-advancement and or reaching his/her goals. _____

4. Please list anything else we should consider in our decision. _____

APPLICATION – *Continued*

REFERENCE FORM #2 – *to be completed for first-time applicants only.* Reference must be employer (past or present) or professional associate: co-worker, supervisor, instructor, community leader.

Name of Applicant: _____

Name of Reference: _____

Relationship to Applicant: _____

Phone Number: _____

1. In what capacity and for how long have you known the applicant? _____

2. What barriers/challenges has the applicant overcome to get to the point where he/she can pursue a higher education? _____

3. Please give an example that would illustrate the applicant's commitment to self-advancement and or reaching his/her goals. _____

4. Please list anything else we should consider in our decision. _____

