



Apollo Adult Education Scholarship Committee • 3325 Shawnee Road • Lima, Ohio 45806

Adult Education Scholarship Application
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Various Business Partners have teamed up with Apollo to provide scholarships to Apollo students that are working towards completion of Certificate training programs that will lead to a skilled career.

Please mark your program of study:

	Advanced EMT	Esthetician	Medical Assistant
	Basic Police Academy	Firefighter II	Spa Technology
	Dental Assistant	Industrial Maintenance Tech	Fab Concepts & Plate Welding
	Early Childhood Education	Licensed Practical Nursing	Structural Plate & Pipe Welding
	Emergency Medical Technician	Manicuring	Short-Term Welding

Scholarship Criteria/Process:

- All Adult Education students in one of the program of studies above are eligible to apply for a scholarship.
- Students are required to successfully complete at least three months of their program before becoming eligible.
- The completed scholarship application along with typed essay should be submitted to the manager of your program for their recommendation & signature.
- The Program Manager will deliver the application to be reviewed by the Scholarship Committee for a final decision.

Please print or type the following application

General Information

Name: _____ Last 4 of Social Security No: ____ _

Address: _____

Street
City
State
Zip

Telephone No: _____ Email address: _____

Are you currently employed? _____ Yes _____ No

Current place of employment: _____

Marital Status: _____ Married _____ Single _____ Divorced _____ Widowed

Supporting Children or other Dependents? _____ Yes _____ No

If yes, please list names, relationship & ages:

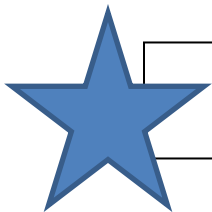
Full Name	Age	Relationship

Currently receiving financial aid? _____ What type of aid? _____

Community/Volunteer or extra-curricular activities:

Please describe any unusual financial circumstances or financial hardships in your household:

REQUIRED: Please type up and attach a 1-page essay, explaining why you have chosen your particular field of study and describe the qualities you possess that will make you successful in your field.



1-PAGE ESSAY MUST BE TYPED AND ATTACHED

APPLICANT STATEMENT

I, the undersigned, acknowledge that the information provided on this application, including any attachments, is true and correct to the best of my knowledge. I authorize release of this information to the Apollo Career Center Scholarship Review Committee and any other contributing member(s) of the scholarship fund. I release from liability any person submitting information for use in the selection of scholarship recipients.

I, _____, hereby irrevocably consent to being photographed and/or quoted as to any comment made by me either as recorded or as made to school personnel. The aforesaid can be used or published, without compensation to me, in any manner or form, and at any time the Administration of Apollo and their supporting Partners without restriction and in its sole discretion, shall determine. I release Apollo Career Center and its associates from any liability in connection with the use of the aforesaid materials.

Signature of Student Applicant

Date

Program Manager Recommendation:

Program Manager Signature: _____

Date: _____

Deadlines: Applications are reviewed for awards three times annually.

Deadlines for consideration of applications will be:

December 1st

February 1st

September 1st

If you are chosen as a recipient of this scholarship, you will be notified in writing from the Scholarship Committee.