

### 2017-2018 APPLICATION FOR FINANCIAL ASSISTANCE FOR WORKFORCE DEVELOPMENT TRAINING

This form should be completed by the prospective student. Please do not skip questions that apply to you.

#### **PERSONAL INFORMATION**

First Name	Middle Name	Last Name
Social Security Number		Any Previous Name(s)
Permanent Address: Street, City, S	tate, Zip	
Mailing Address: If different than Pe	ermanent Address	
() Home Phone Number	(	) hone Number
		none Number widing your cell phone number, you consent to receiving text messages from Garrett College.
Email Address		
Date of Birth (month/day/year):	//	_

# **ELIGIBILITY INFORMATION**

Applicants for Financial Assistance MUST:

- •Be in good financial standing with Garrett College
- •Be able to provide a down payment toward the desired training program
- •Complete the Application for Admission to Workforce Development Training
- •Complete the Application for Financial Assistance for Workforce Development Training
- Provide a copy of a high school diploma, GED equivalent, home school course of study, or high school transcript

•Agree to sign the scholarship acceptance letter and be willing to draft a 'Thank You' letter to the donor of the scholarship received

# **FINANCIAL NEED**

Are you currently receiving services from any of the	ne following organizations?	If applicable, list Case Manager/Contact for each Organization:
Department of Social Services (DSS):	□ Yes □ No	
Community Action	□ Yes □ No	
Western Maryland Consortium	□ Yes □ No	
Healthy Families	□ Yes □ No	
DORS	□ Yes □ No	
Adult Basic Education	□ Yes □ No	
Number of family members in your household:		Annual household income(This information will remain confidential and will not be shared).
	my class(es) and/or do not com	nd will provide appropriate documentation if required. I plete my coursework, my scholarship will be nullified
Signature		Date

## CAREER GOAL

Workforce Development Program (see last page of application)

Please describe your career goal, clearly identifying how this workforce program, and a scholarship, will help you to reach that goal.

### **EDUCATIONAL HISTORY**

Please check the statement that applies to you regarding high school completion.
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$\Box$ I have or will graduate from high school in	(month)(year).	
Name of High School	City	State
□ I have or will complete a homeschool program of study in	(month)	(year).
Name of homeschooling program	City	State
□ I have or will earn a GED in (month)	(year). Issuing state	

□ I do not\_have a high school diploma/GED, and I am not currently enrolled in high school or a GED preparation course.

#### SCHOLARSHIPS/FINANCIAL ASSISTANCE

Scholarships are awarded based on criteria established by the donor. Currently we have the following scholarships available to support our workforce development:

- Garrett County Occupational Scholarship
- Oakland Rotary Scholarship
- Jeffrey Kirk Roszell Scholarship
- SNAP E & T Scholarship

- MMTA Scholarship (Truck Driving Only)
- Naylor Scholarship
- Jeremy Bernard Scholarship

In addition, local human service agencies may be able to assist with funding, including: Western Maryland Consortium, Garrett County Community Action Committee, Inc., Garrett Works, DORS, and others.

### **FERPA**

Privacy Act (FERPA) The policy of the College is to protect and distribute a student's educational records, including, but not limited to any personally identifiable information in accordance with the federal Family Educational Rights and Privacy Act. To read more about FERPA, please go to <a href="https://www.garrettcollege.edu/disclosures-privacy-of-student-records.php">https://www.garrettcollege.edu/disclosures-privacy-of-student-records.php</a>

□ By checking this box, I agree that my academic and financial records can be discussed with the following individual(s):

Signature

Date

#### **CERTIFICATION OF INFORMATION**

I certify that the information which I have given on this application is complete and accurate. I understand that failure to provide accurate information, particularly regarding residency, may be just cause for a disciplinary action and/or increase in tuition. I understand that it is my responsibility to notify Garrett College of any change in information contained in the application. In making this application, I accept and agree to abide by the policies, procedures, and regulations of Garrett College.

Signature

Date	 	 	

Parent Signature (if under the age of 18)

Date

Allied Health		Manufacturing		
0	Certified Nursing Assistant (C.N.A.)	0	Welding	
0	Phlebotomy-Venipuncture Technician	0	Machining-Manual	
0	Emergency Medical Technician	0	Machining-CNC	
0	Paramedic			
0	Certified Clinical Medical Assistant (CCMA)		rofessional Services	
0	Certified Medical Administrative Assistant (CMAA)	0	Administrative Assistant/Office Skills	
0	Medical Coding & Billing	<b>Construction</b>		
0	Veterinary Assistant	0	Certificate in Apartment/Building	
0	Surgical Technician (Coming Soon!)		Maintenance	
		0	Commercial/Industrial Construction	
Transportatio	n		(Coming Soon!)	
	– Bus Driver Training	0	Broadband Installer <i>(Coming Soon!)</i>	
0	Commercial Driver's License (CDL)		. <u> </u>	
0	Forklift Driver	Hospitality and		
0	Flagger Training	0	Hospitality & Tourism	
0	Diesel Mechanic (Coming Soon!)	Education & Human Services		
		0	Child Care	
about each tr Information i	3136 to receive detailed information raining program. s also available on the Garrett College ww.garrettcollege.edu			

## **Application Checklist**

• Mail your completed scholarship application and required documentation to: Garrett College, 687 Mosser Road, McHenry, MD 21541. Attn: CEWD. If you have questions, please call 301-387-3136.