

Applicant Name: _____

Application Date: _____

Referral Source: _____

Case Manager: _____

Funding Source: _____

Date Heard by AC: _____

**Standards of Excellence Academy
Scholarship Application
Fast Track Career Path**

Career Goal: Automotive Technology Certified Nursing Assistant Phlebotomy

Case Manager Summary, Observations and Recommendations:



Standards of Excellence Academy
Scholarship Application

Date of Application: _____

Applicant Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Date of Birth: _____

Career Path: (Choose One) **Automotive Technology** **Certified Nursing Assistant** **Phlebotomy**

Demographic Information: (Optional to Complete)

Gender: _____

Ethnicity: _____

Veteran Status: _____

Disabilities: _____

Applicant Eligibility:

18 Years of Age or Older

Possesses Valid ID

Possess Valid Social Security Card **Last 4 of Social Security Number:** _____

Work Eligibility Status: _____

Education:

| | | | | |
|------------------------------------|---------------------------------|----------------------|--------------------|--|
| Last Grade Completed: | Dates Attended: | School: | Location: | |
| High School Diploma Awarded | Check One: Yes No | If Yes, Date: | Awarded By: | |
| High School Equivalency | Check one: Yes No N/A | Date: | | |
| Other Professional Courses | Name: | Date: | Location: | |

Employment:

Previous Five Years:

| Dates: | Position: | Employer: | Reason for Leaving: | Wage/Hours: |
|---------------|------------------|------------------|----------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

Criminal History: (Circle One) Yes No

If Yes:

| Offense: | Year: | Crime Category: | Sentence: | Time Served: |
|-----------------|--------------|------------------------|---------------------|---------------------|
| | | F GM M | _____ Months | _____ Months |
| | | | | |

Explanation: _____

Total Savings Amount: \$ _____ Total Debt Amount: \$ _____

| Debt Type: | Owed To: | Years Accumulated: | Previously Paid Down: |
|-------------------|-----------------|---------------------------|------------------------------|
| | | | |
| | | | |

Remaining Amount Due: \$ _____

Explanation _____

Current Monthly Income and Expenses Summary:

Calculation:

$$\frac{\text{Hourly Wage} \times 52 \text{ wks}}{12 \text{ Months}} \times 0.85 \text{ tax} = \text{Total}$$

| | | | | | | | | |
|----|---|--------|---|-----------|---|----------|---|-------|
| \$ | X | 52 wks | / | 12 Months | X | 0.85 tax | = | Total |
| | | | | | | | | |

Income:

| Income Source | Applicant | Other Household Members | Total |
|---------------------|-----------|-------------------------|-------|
| Earned Income | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Total Income | \$ | \$ | \$ |

Expenses:

| Expense Type | Applicant | Other Household Members | Total |
|-----------------------|-----------|-------------------------|-------|
| Housing | \$ | \$ | \$ |
| Car Payment | \$ | \$ | \$ |
| Gasoline | \$ | \$ | \$ |
| Car Insurance | \$ | \$ | \$ |
| Bus Fare | \$ | \$ | \$ |
| Child Care | \$ | \$ | \$ |
| Child Support | \$ | \$ | \$ |
| Utilities | \$ | \$ | \$ |
| Food/Groceries | \$ | \$ | \$ |
| Hygiene/Clothing | \$ | \$ | \$ |
| Cell Phone | \$ | \$ | \$ |
| Other (Specify) | \$ | \$ | \$ |
| Total Expenses | \$ | \$ | \$ |

I agree that if I receive a scholarship, I will report and submit a copy of my first paystub after gaining employment.

Applicant Signature _____

Date _____