



**Corporate and Community Education Division
Application for
BEAUFORT AMERICAN LEGION SCHOLARSHIP FUND**

To qualify for assistance with a course, you must meet two criteria and all areas of this form must be completed:

This request is to pay for the High School Equivalency, Career Readiness Certificate or an Occupational Program enrollment.

If request is for an occupational program, what is the occupational course you want to enroll in:

1. Criteria One:

Must be a veteran or spouse of veteran, active duty, or have an honorable discharge.

2. Criteria Two:

Must provide proof of military service, such as Military ID, DD-214, or LES; spouse needs to show current military ID.
Military ID Number: _____

Send either a scanned copy or a picture of your current DD-214 or LES with this application.

3. Have you received funds to help pay for a class in the last year? Yes No

4. If yes, indicate the course name, course date and fund used:

5. These funds should only be requested if you have no other way to pay for the course AND this course is essential for you to gain or keep a job. What is your reason for requesting these funds and why are you unable to pay for the course?

I am requesting funds to pay for the following course or assessment:

6. Course/Assessment: _____ 7. Date: _____

8. I need assistance with: Registration Insurance

9. Student Name: _____

10. Address: _____

11. Last 4 SSN: _____ 13. Home/Cell Phone: _____ 14. Work Phone: _____

I affirm that I am this person by filling in my name below, and that I am requesting financial assistance to further my education:

Student Signature (Print your name)

Date

Office Use Only			
Contract # _____	Registration: \$ _____	Insurance: \$ _____	Assessment: \$ _____ Other: \$ _____
Approved _____		Not Approved _____	
_____ Program Coordinator Signature	_____ Date	_____ Vice President, CCED	_____ Date