



Corporate and Community Education Division APPLICATION FOR FINANCIAL ASSISTANCE

**NOTE: Financial Assistance is only for registration, insurance, or assessment fees.
Books are the responsibility of the student.**

Please check the correct box: CDL Small Business Academy Tyler Dees Memorial Scholarship
Assessment Fee Other: _____

Applicant Information:

Full Name: _____
Home Address: _____
City: _____, State: __, Zip Code: _____
E-Mail Address: _____
Phone Number: _____ Mobile Number: _____

To qualify for assistance with a course, all areas of this form must be completed:

This request is to pay for High School Equivalency, Career Readiness Certificate, or an Occupational Program enrollment menu. If the request is for an occupational program, what occupational course do you want to take?

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1. Must be underemployed or unemployed
 2. Have you received funds to help pay for a class in the last year? Yes or No
 3. If yes, indicate the course name, course date, and fund used: _____
 4. 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. Why do you request these funds, and why can you not pay for the course?

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

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

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

Print Name Signature Date

Tuition _____ Fees _____ Books _____ Supplies _____ Credentialing Exam _____

Program Coordinator Signature: _____ Date: _____

Vice- President CCED: _____ Date: _____