



Workforce & Continuing Education Division
Application for
BEAUFORT AMERICAN LEGION SCHOLARSHIP FUND

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 Career Readiness Certificate or an Occupational Program enrollment menu. If the request is for an occupational program, what is the occupational course you want to take? _____

1. Criteria One

☐ Must be a veteran or spouse of a 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 can you not pay for the course?

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

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