

Midland College
Health Sciences Continuing Education
Scholarship Application Information

Midland College HSCE may be able to provide scholarship funding for a portion of your **HSCE tuition** for qualifying applicants. We will need the following items:

- Completed Application
- Proof of Income (Household income/previous year W2)
- A one-page essay expressing your education/career goals and your financial need (preferably typed)
- A *Thank You Note* that will be presented to your scholarship donor

The **deadline to turn in this packet is TWO WEEKS prior to start date of class.** We will notify you by phone if award is granted. Please assure that your contact information is correct.

A scholarship award does **not** secure your spot in class. You must complete all paper work (including your immunization records/CPR/ high school diploma where appropriate) and pay your remaining balance before your spot is secure. Please remember that our courses are a first-come, first-served registration process.

Thank you for your interest in our HSCE programs.

Questions? Please call:

Kim Daw
(432) 681-6338



MIDLAND COLLEGE

Continuing Education
Scholarship Application

Office Use Only
Program: _____
Scholarship: _____
Amount: _____

Biographical Information

First Name: _____ MI: _____ Last Name: _____

Student ID#: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _(____) _____ Cell Phone: _(____) _____

Email Address: _____

Sex: Male Female

Ethnicity: White Black Hispanic Asian American Indian Other

Admissions Information

Educational Objective: _____

For which courses are you requesting a scholarship? (Please list all.)

Academic History

Are you a high school graduate or GED? Yes No

Are you a first-time college student? Yes No

Previous continuing education course(s) you have taken:

Do you plan on enrolling in another course(s) next semester? Yes No Unsure

Future program(s) of interest to study: _____

Required: Income Information

- W2 Gross Annual Income: _____ Monthly Salary: _____
 *We do not keep copies of W2s, Tax Returns, or check stubs. Bank Statements are NOT accepted.
 *Students receiving social security benefits/disability benefits must provide a copy of their benefits statement.
- Living Arrangements: Own Home _____ Rent _____ Live with parents _____ Other _____
- Please list below all persons living in the household: (Attach additional pages if needed.)
 - Dependent students – List all persons living in the household (including your self) that your parents support.
 - Independent students – List all that are in your household (including yourself) that YOU support.

Full Name	Age	Relationship to Applicant	Income from Work

Required: Letter of Need

- Write a brief statement telling about your career goals.
- Include any extraordinary circumstances or other information that you feel would benefit the scholarship committee in evaluating your application (such as unemployed).
- Sign and date your statement.

Certification Statement

I certify that to the best of my knowledge the information contained on this form is correct and complete. I agree that Midland College has my permission to verify any and all information. I understand that any discrepancies will be evaluated.

No student or prospective student will be excluded from participation in or be denied the benefit of financial aid at Midland College on the basis of race, age, national origin, religion, sex, or handicap.

Applicant's Signature _____ Date: _____

Parent's Signature _____ Date: _____
 (If student is under 18)