

**300 NORTH MAIN STREET, SUITE 300**

**MIDDLETOWN, OHIO 45042**

**Elworth Adult Learner Financial Assistance**

**PLEASE TYPE APPLICATION**

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|  | Applications are accepted on a rolling basis throughout the calendar year. | | | | | | | |  |  |
| *Please check here □ if you are a previous MCF Adult Scholarship Recipient applying for renewal.*  *Please verify your qualifications:*  □ I am presently attending or will be attending an accredited technical school, college, or university.  □ I am 18 years of age and completed high school.  □ My educational expenses are not being reimbursed by my employer. | | | | | | | | | |  |
| Date of Application: | | |  | | | | Date of Birth: |  | |  |
| Name: | | | |  | | | | | |  |
| Address: | |  | | | | City, State, Zip: | | | |  |
| Phone Number & E-mail Address: | | | | | | | | | |  |
| Please check the school district in which you live:  □ Trenton □ Franklin □ Madison □ Monroe □ Middletown To receive Middletown Community Foundation dollars you must live within our service area. | | | | | | | | | |  |
| Technical School/College  will be attending | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Full Time □ Part Time | | | | |  |
| Manufacturing Instructional Training Program  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_  Degree or Manufacturing Credential to be Earned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |
| Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Manager’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Manager’s Phone:\_\_\_\_\_\_\_\_\_\_ Manager’s Email:\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | When Hired? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Apprenticeship Program Yes: \_\_\_\_\_\_ No\_\_\_\_\_ | | | | |  |

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| Highest educational level attained: |  |
| Courses completed toward major (attach additional sheet if necessary)  Class Grade Achieved Class Grade Achieved    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Why did you choose your Academic or Manufacturing Training Program? What are your career plans? | |

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| In what activities have you participated following high school which will help you reach your professional goals (this may include work experience, volunteer time, membership in professional organizations, internships, etc.)? |
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| Why have you decided to return to school? |

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| **THE COST OF TECHNICAL SCHOOL/COLLEGE**    Tuition:…………………………………………………………………………..………$\_\_\_\_\_\_\_\_\_\_\_\_\_    Books and fees: $\_\_\_\_\_\_\_\_\_\_\_\_\_      **PLEASE ENTER TOTAL $\_\_\_\_\_\_\_\_\_\_\_\_** |
| Note: Any unused portion of financial assistance provided must be returned to the Middletown Community Foundation as outlined in the Foundation’s Scholarship policies. |
| Total size of your household during the current school year (if applicable, please include student named on this form, your children, spouse, and others in the home).    Number of adults over 18 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of children 18 and under\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Total Number of Residents in Household\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gross Household income (most recent tax data): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| I attest that the information contained on this application is complete and accurate to the best of my knowledge. I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of institution of higher learning) to release information regarding my academic standing and financial assistance to Middletown Community Foundation if requested.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Signature Date |
| You must attach your resume, a copy of your most recent grade report (it need not be an *official* transcript) if presently in school, a copy of your financial aid form from the school showing financial aid you are receiving, a copy of your registration confirmation for the current or upcoming semester, and two letters of recommendation.    **Print out the application and return it to:**    **Middletown Community Foundation**  **300 North Main Street**  **Suite 300**  **Middletown OH 45042**    **Tel: 513 – 424-7369 www.mcfoundation.org**  **Or scan and email the completed, signed application to: amy@mcfoundation.org** |