

Otha Grimes/Francis Tuttle
Memorial Scholarship
for Adult Career & Technology Center Students



Application

Spring Fall

**PLEASE COMPLETE APPLICATION AND SUBMIT TO FINANCIAL AID DIRECTOR BY
SCHOOL'S DEADLINE. APPLICATION MUST BE TYPED.
(DO NOT COPY A PREVIOUSLY SUBMITTED APPLICATION)**

Name: _____

Address: _____

Home Phone Number: _____ Cell Number: _____

Technology Center (please include campus): _____

Is the applicant applying as an in-district or out-of-district

Program in which you are enrolled: _____

Date you started in the program: _____

Date you plan to complete the program: _____

Name of the instructor who can document your program endeavors: _____

Define your career objective: _____

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What circumstances dictate your financial need for scholarship assistance (please be specific):

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List all educational expenses (specify the item and cost of each item for the current semester):
 (Only list allowable scholarship expenses, refer to guidelines)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
—	\$ _____

List all financial support you have or plan to receive this semester:
 (Pell or other scholarships – specific the support and amount)

_____	\$ _____
_____	\$ _____
—	\$ _____

Total amount of scholarship funds you are requesting this semester:
 (Note: Application will NOT be considered unless amounts are indicated.)

_____	\$ _____
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I hereby certify that the above information is correct to the best of my knowledge, and that I am at least 18 years of age. Incomplete information may jeopardize this application from being considered.

 Date

 Applicant's Signature

Scholarship must be applied towards students' specific needs identified above.

(Applicant may attach a separate page of additional information or for clarification of any item(s) in application.)