



Scholarship Request Form

TTECH18

You are about to complete the application that is required for consideration of Tooele Technical College (TTECH) scholarships. This application is open to all adult students enrolled in non-Pell eligible certificate programs. Students selected for a scholarship will be notified by mail. Selections occur within two weeks of submission.

Tooele Tech encourages you to continue your search beyond completing this application. Contact other agencies and organizations to see if you meet their eligibility requirements. Student Services staff can identify public and private sponsoring agencies that have training funds available.

Personal Essay: In order for your application to be considered, you will need to provide a written or typed personal essay. Tell us about yourself and your interest in technical training. Also state why you feel you should receive this scholarship; address financial need, career aspirations and employment goals.

Tooele Tech scholarships are funded by generous private donations.
Scholarships are awarded up to \$500 and are not renewable.

Students will need to schedule a minimum of eight (8) hours each week.
The scholarship will cover tuition and fees only.
Student's progress will be monitored monthly and must be maintained at a minimum of 67%.

Steps to Complete:

- 1** Complete the application form
- 2** Complete your personal essay (See above)
- 3** *Provide copy of current Federal Form 1040, 1040A or 1040EZ
- 4** *Provide copies of bank statements for the past 3 months
- 5** Submit scholarship application packet to a Student Services representative

**Your scholarship packet is considered confidential. Upon determination of your application, your 1040 form and bank statements will be shredded or returned to you upon request.*



PLEASE PRINT

1 Student Name: _____ **Student ID#:** _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

- Citizenship: U.S. Citizen
- U.S. Permanent Resident
- Not U.S. Citizen/Resident

Program: _____ Entry Date: _____

2 Are you currently receiving training funds from your employer, or is your training sponsored by an agency or organization? Yes No

| | | |
|------------------------------------|--|-------------|
| 3 Marital Status: | 4 Name of Dependents (must be named on tax return): | Age: |
| <input type="checkbox"/> Single | _____ | _____ |
| <input type="checkbox"/> Widow(er) | _____ | _____ |
| <input type="checkbox"/> Divorced | _____ | _____ |
| <input type="checkbox"/> Married | _____ | _____ |
| <input type="checkbox"/> Separated | _____ | _____ |

5 Monthly Exempt Income (Verification required):

| | | |
|--|-------|----|
| a) Disability Insurance Benefits (SSDI) | _____ | \$ |
| b) Supplemental Security Income (SSI) | _____ | \$ |
| c) Public Assistance (TANF, GA) | _____ | \$ |
| d) Workers' Compensation | _____ | \$ |
| e) Other Long Term Disability Compensation | _____ | \$ |
| f) Total Exempt Monthly Income | _____ | \$ |

6 Monthly Gross Income (Verification required):

| | | |
|--|-------|----|
| a) Your own income (before taxes) | _____ | \$ |
| b) Parent's income (If they claim you on their tax return) | _____ | \$ |
| c) Spouse's income | _____ | \$ |
| d) Alimony and Child Support | _____ | \$ |
| e) Unemployment Compensation | _____ | \$ |
| f) Total Countable Income | _____ | \$ |

7 Liquid Assets (Verification required):

| | | |
|-------------------------------|-------|----|
| a) Checking | _____ | \$ |
| b) Savings | _____ | \$ |
| c) Total Liquid Assets | _____ | \$ |

8 Allowable Monthly Expenses You Pay (Verification required):

- a) Court-ordered support payments i.e. alimony or child support for children *not* being counted as dependents in Section 4 of this form.
Fines, restitutions, and other non-support payments are not allowed.
- b) Cost of health insurance.
- c) Cost of day-care which is necessary to enable you to participate in training.
- d) Personal assistance services: Special transportation, cost of repairs to prosthetic appliances, mobility aids, and adaptive equipment.
Cost of any disability related service for spouse or dependent(s).
- e) **Total Allowable Expenses**

| | |
|--|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

I certify that the information contained in this form is true and correct to the best of my knowledge. Inaccurate or falsified information may be cause for denial of scholarship funding.

Signature of Student

Date

If you are awarded a scholarship, the Business Office will prorate your scholarship per month and apply this amount to your account.