



# Continuing Education Scholarship Application

Thank you for your interest in applying for a continuing education scholarship. If selected for a scholarship, you will need to register and either pay the remaining tuition or make arrangements to pay (where applicable) prior to starting your selected course. In order to be considered please have copies of your most recent tax return as proof of how many people are in your household and a paycheck stub. If a recipient does not accept the scholarship award within seven (7) business days of notification and register for the course the offer will be withdrawn. Scholarship recipients will be formally notified by the Continuing Education Department by letter or email.

Submit your completed application and registration form to: Odessa College, Continuing Education, 201 W. University, Odessa, TX 79764 or fax it to 432-335-6667. If you need assistance completing this form, call 432-335-6580.

Student's Last Name		First Name	Middle Initial	Referred by: Name or Organization	
Social Security Number or OC ID Number			Date of Birth (MM/DD/YYYY)		
Address					
Street		City		State	Zip
Telephone Number (must be current)			Email Address (frequently checked)		

Name of Program or Course(s) for which funds are requested \_\_\_\_\_

Program/Course Start Date(s) \_\_\_\_\_ Tuition Amount \_\_\_\_\_

Household monthly income (from tax return) \_\_\_\_\_ Number of for whom you are financially responsible (from tax form) \_\_\_\_\_

Is anyone or an organization assisting with payment for this class?  Yes  No What amount? \_\_\_\_\_

Are you a  New or  Returning student? (check one)

Please explain (a) your interest in the course and/or program you have chosen, (b) your professional goals, if applicable, and (c) why you feel OC should award you a scholarship. Scholarships will be offered on need. Please ensure you explain this fully include any extenuating circumstances.

\_\_\_\_\_

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I certify that the information on this application is correct and complete. I understand that if I am awarded a scholarship and do not use it within the required time, I forfeit it. I would therefore have to reapply and this will be based on availability. By accepting this scholarship, I pledge my commitment to complete the program.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

For office use only:-	Initials	Date
Date received	_____	_____
Pay-stub confirmation	_____	_____
Income Tax confirmation	_____	_____
Dept. Director Approval	_____	_____
Reviewed by	_____	_____
Student Notified by	_____	_____
*Where an applicant does not have the required documentation please refer directly to a Director.		

**Confirmation Process:**

Program/Class Cost \_\_\_\_\_

Income \_\_\_\_\_

Scholarship Amount \_\_\_\_\_

Student Responsibility \_\_\_\_\_

Additional Notes: