E2 Workforce Development Scholarship
Date Due: September 30th

Criteria:

- Must be a high school graduate from St. Joseph School District
- Enrolled full time in ANY HTC Program
- Maintain academic and attendance standards
- Must attend mandatory acceptance meeting
Scholarship Information

Scholarship funds are established to assist students accepted at Hillyard Technical Center with their institutional costs.

Scholarship amounts are based on the amount of funding received through donations to each specific fund and will be disclosed to the recipient awarded.

The final selection of the students to receive these funds will be made by the HTC Scholarship Committee and recipients will be notified in writing and have the opportunity to accept or refuse. Recipients will be notified no more than 2 weeks after the application deadline.

Application deadlines are listed on the application cover sheet. Applications received after the deadline &/or incomplete applications will not be accepted. No exceptions

*Must submit a total of three (3) references

Eligibility

Acceptance in a HTC Program meeting the scholarship requirement is required for eligibility as well as demonstrated financial need (documented by the completion of the FAFSA process).

Funds

Scholarship funds must be used for cost of tuition. If a student withdraws prior to completing the program, the funds will be subject to the pro rata refund policy. No money will be given directly to the student.

Submit Completed Applications to:

Financial Aid Office - Hillyard Technical Center at the above address or bring them to the school office.

HTC Mission Statement

"To prepare Hillyard Technical Center students for workforce success and continuous learning."
Scholarship Application

Check the appropriate application box

____ E$^2$ Workforce

Name: ____________________________________________
Last First Middle/Maiden

Home Address: ____________________________________________
Street

City State Zip Code

Date of Birth: ______________ Telephone: (_______) _______-
area code number

School Data

High School: ________________________________ Date of Graduation: _____________ M/Y

Address: ____________________________________________

Name and address of any higher education institution you have attended:

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Personal Data

Check all the blanks that describe you.
Dependent
(Definition - Not married, up to 24 years of age, without dependents.)

Independent
(Over 24 years of age, with or without dependents, married or single.)

Marital Status
_____________Married
_____________Single/Unmarried
_____________Separated
_____________Divorced

I am responsible for others than myself. They are (list name, relationship, and ages)
____________________________________________________________________
____________________________________________________________________

Required Information:
Check the appropriate answer.

I am currently working

______Full-time

______Part-time

________Monthly Income

Employer’s name, address and phone number

Immediate supervisor’s name and phone number

I have worked for this employer for

(length in weeks, months, or years).

I plan to live with my parents/guardians while attending Hillyard Technical Center

I plan to live in off-campus housing

I plan to commute to and from school. The estimated round-trip mileage on a daily basis is

miles

I plan to work part-time while attending school

hours weekly (estimate)

Dependent Students

Father’s place of employment/ occupation and annual income

/ / 

Mother’s place of employment/ occupation/ and annual income

/ / 

Number of brothers and sisters living at home: 

Including yourself, how many members of your household will be enrolled in post-secondary (college or tech school) education during this academic year?

Student Essay

Required
Describe why you choose to attend this program at Hillyard Technical Center and what future goals you have for using the training you will acquire from the program. Include your financial need and anything else that you think the scholarship committee should know.
**Affirmation** – sign after completion of application

I affirm by my signature, I am currently accepted as an HTC student. I also affirm the information I have provided in this application is true and accurate to the best of my knowledge.

I will abide by the rules provided to me for use of the funds, should I be awarded a scholarship.

__________________________________  ____________________________
Student/Applicant Signature          Date
To the person filling out this reference: Please complete the following form and return it to Hillyard Technical Center at 3434 Faraon St., St. Joseph, MO 64506 as soon as possible. All information you supply will be kept confidential. Please give us your candid opinion of this person’s suitability for the program they have chosen.

Please complete the information below:

Name

Title __________________ Institution __________________

Address __________________

Telephone __________________

How long have you known the above named person? __________________

How well do you know above named person? __________________

_________________________________  __________________________
Signature                                      Date

In order to protect confidentiality, we ask that you seal this completed form in an envelope and return it to the Adult Education Office at Hillyard Technical Center
Reference Form

Following is a list of characteristics we feel are required for a student to be successful in a training program at Hillyard Technical Center. Please rate according to the following rating scale listed:

5-Outstanding
4-More than satisfactory
3-Satisfactory
2-Needs improvement
1- Unsatisfactory
NA-Not observed or no basis for judgment

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Additional Information: Use to amplify or add to characteristics rated previously. Please indicate the above person’s strengths and those qualities that require further development.

Strengths: ________________________________________________________

Qualities that require further development: __________________________

Thank you for your assistance.
Hillyard Technical Center
Applicant Reference Form

To be completed by the applicant

Applicants Name: ________________________________________________

Program Name: ________________________________________________

Relationship to the person filling out this form: ________________________
(example: Supervisor, co-worker) *References listed as “Friend” will not be accepted.

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