

Community Foundation of Warren County

Workforce Development Scholarship Application

This Scholarship program has been established to assist with the costs of higher education for Warren County residents who are seeking additional education to improve their employability or career path here in Warren County. These scholarships give preference to individuals who live here, work here, and have financial need to complete their educational goals for the betterment of themselves, their family, and their community.

Student Information

Student Name: _____ Application Date: _____

☐ I am applying for a new scholarship ☐ I am applying to renew a past scholarship

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____

Email: _____

☐ I certify that I am a resident of Warren County, PA

City or township you reside in: _____

Date of Birth: _____ High School Graduation Date: _____

High School you graduated from: _____ High School GPA: _____

Post-High School degrees or certificates received (include GPA):

Community Service - Please list your community service such as local clubs and volunteer activity: _____

Employment

Current Employer: _____ Job Title: _____

Start Date of Current Employment: _____ Hours Worked / Week: _____

Past Work History (List employer, job title, and period of employment for past 10 years)

Educational Plans

Check all that apply:

☐ Full-time ☐ Part-time If part-time, how many credits are you taking? _____

☐ Living on Campus ☐ Commuting

☐ Attending In person ☐ Online ☐ In person/online hybrid

Full name of school you plan to attend: _____

Full name of course or degree you are seeking: _____

If a degree program: ☐ Associates ☐ Bachelors ☐ Masters

If a certificate program, full name of certification: _____

If a semester or multi-term program, number of semesters/terms in the program: _____

How many semesters/terms have you completed/or are about to complete: _____

Which semester/term are you applying for scholarship: _____

Start date of course, semester, or term applying for scholarship: _____

What are your goals/reasons for pursuing this additional education?

Do you plan to work while attending school? _____ How many hours/wk? _____

Expenses (SECTION A)

Cost of class, semester, or term (tuition, books, fees, room & board as applicable):

\$ _____ (Provide a copy of your offer letter or bill from financial aid office)

Financial Aid (SECTION B)

1. Financial aid receiving from school for this semester or term: (do not include student loans): \$ _____ / semester or term

2. Employer Tuition Assistance or Reimbursement which can be applied to this semester or term: Amount of assistance: \$ _____ / semester or term
Amount of reimbursement: \$ _____ / semester or term

☐ Tuition Assistance or Reimbursement not offered by my employer

3. Amount of any other scholarships or assistance you will receive:

Source: _____ \$ _____ / semester or term

Source: _____ \$ _____ / semester or term

Determining Financial Need

Tip: Expenses (SECTION A) – Financial Aid (SECTION B Total) = Your need

Amount of scholarship being sought: \$ _____

AGI from most recent federal tax return: \$ _____

FAFSA Student Aid Index (SAI): _____

Required Documents

- ☐ Signed FERPA (Family Educational Rights and Privacy Act release form)
- ☐ Acceptance/offer Letter from school showing financial aid
- ☐ Invoice from school
- ☐ FAFSA (including page showing SAI)
- ☐ Transcripts (for renewals/recent high school grad)
- ☐ Most Recent Tax Return (Only pages 1 & 2 – black-out social security numbers)

*****This completed application and all required documents should be submitted to the Community Foundation 30 days in advance of class start date*****

Contact the Community Foundation with any questions you may have. Our office is open Monday – Friday from 8:30am - 4pm to help.



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**Enhancing and sustaining the quality of life in Warren County
through philanthropy**

Community Foundation of Warren County For Good...Forever