

**Central Tech
CARES Act Scholarship
For Post-Secondary Adult Students**

Please complete application and submit to the Financial Aid Coordinator

Name: _____

Address: _____

Cell Phone: _____ Email Address: _____

Program Enrolled: _____ Enrolled: Part-time Full-time

Date Enrolled: _____ Completion Date: _____

Name of your instructor(s): _____

Define your career objective: _____

Please explain what unusual circumstances that dictate your financial need for scholarship assistance?
(Please be specific)

(Applicant may attach a separate page for clarification)

Please answer the following questions on page 2 of this application

Please list your expenses:

Technology	_____
Course Materials	_____
Housing	_____
Food	_____
Child Care	_____
Health Care	_____
Total Amount Requested	_____

I hereby certify that the above information is correct to the best of my knowledge. Incomplete information may jeopardize this application from being considered.

Date

Applicant's Signature

Office Use Only

Instructor comments and recommendation:

Student GPA _____

Is Student within attendance policy? _____

Is Student making satisfactory academic progress? _____

Will this scholarship allow the student to continue enrollment to completion? _____

Instructor Signature

Date

Reviewer Signature

Date

Reviewer Signature

Date

Request Approved/Denied _____

Amount Approved: _____