

SCHOLARSHIP REQUEST

Client Name: _____

Social Security Number: ____ - ____ - ____

Date of Birth: _____ (mm-dd-yy)

Date of most recent assessment: [Click here to enter a date.](#)

Date of most recent employment plan: [Click here to enter a date.](#)

Certification Name: _____

Certifying Organization: _____

Program duration: _____

Program Cost: _____

Has the client been assessed by the certifying organization? Yes No

Please include the following:

Employment Plan

Assessment

Program documents (website information, brochure, etc.)

This document and supporting paperwork should be submitted at least 30 days prior to program start date.