

# Montgomery Community College

## Continuing Education Scholarship Application



Name \_\_\_\_\_ Phone (H, C) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ County of Legal Residence \_\_\_\_\_

What class or program do you wish to enroll? \_\_\_\_\_

Semester or Beginning Date \_\_\_\_\_

Employment Status  Full Time  Part Time, Where \_\_\_\_\_  
 Unemployed

What is your hourly rate of pay? \_\_\_\_\_ How many hours do you work per week? \_\_\_\_\_

How many people, including yourself, are dependent on your income? \_\_\_\_\_

Do you anticipate employment continuing? \_\_\_\_\_

Are you a military veteran or member of the NC National Guard? \_\_\_\_\_

Please let us know why you are deserving and in need of these funds. Feel free to use an additional sheet of paper if necessary.

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### For Office Use:

Recommended Scholarship: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Dean of Continuing Education

Amount: \_\_\_\_\_

\_\_\_\_\_  
VP of Administration