

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.

For Office Use:

Recommended Scholarship: _____

Date: _____

Dean of Continuing Education

Approved? _____

Amount: _____

VP of Administration