



Technical and Community Education Scholarship Application

Date	Residency	Contact Information
___/___/20___	County of Residence: _____	Primary Phone: Secondary Phone:
Student Registration Information: Use your name as it appears on your Driver's License		
Last Name:	First Name:	Middle Name:
Previous Last Name:	Date of Birth: ___/___/___	Email:
Address:		
City:	State:	Zip:
Mailing Address (if different):		
City:	County:	State/Zip:
Social Security Number: ____-____-____	Highest Level of Education: Name of School/Program, Year of Award:	
Demographic Information		
The Following questions are used by the state to help provide support for our programs. Although not required, your cooperation is appreciated.		
Gender: <input type="radio"/> Male <input type="radio"/> Female	Race: <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Black/ African American <input type="radio"/> Native Hawaiian/ Pacific Islander <input type="radio"/> White	Additional Information: <input type="radio"/> Academically disadvantaged <input type="radio"/> <input type="radio"/> Economically disadvantaged <input type="radio"/> Limited English <input type="radio"/> Displaced Homemaker <input type="radio"/> Single Parent <input type="radio"/> Disabled Type of Disability: _____
How did you hear about us: <input type="radio"/> Newspaper Ad <input type="radio"/> News Article <input type="radio"/> www.Blinn.edu <input type="radio"/> Facebook/Twitter <input type="radio"/> Word-of-mouth <input type="radio"/> My company referred me <input type="radio"/> Referred by unemployment office <input type="radio"/> Walk-in/Called	What is your primary goal? <input type="radio"/> Workforce Certificate Specific Program? _____ <input type="radio"/> Personal Enrichment <input type="radio"/> Professional Development <input type="radio"/> Other: _____	
AGREEMENT		
I understand this scholarship application applies only to Non-Credit classes at Blinn College Technical and Community Education Programs.		
Student Signature:	Date:	

What training Program are you interested in pursuing? Why?

What are your goals in this career field?

In what city/area do you hope to obtain a job?

FOR OFFICE USE ONLY

Course Title	Course #	Course Fee	Scholarship Amount	Student Payment Due	Student Initials

Student Signature:

Email address:

Date: