**2014 Assistance League of Montgomery County**

**Return to Education Scholarship Application**

*Complete the information below by clicking in the area provided and typing your answers. Spacing will increase as the information is typed, so that there is sufficient space for answers. For “Yes” and “No” answers, please type an “X” in the appropriate area.*

***GENERAL INFORMATION***

Date;

Full Name:  E-Mail:

Cell phone:  Home Phone:

Street Address:

City:  Zip Code:

***SCHOOL INFORMATION***

Name of Community College Entering/Attending:

Location of Community College, i.e. Montgomery, Tomball, etc.:

Student ID No.:

Have you been accepted? Yes No

Planned Course of Study:

What is your career goal?

Do you have an Associate Degree?

If Yes, complete the following:

Date Earned: Major:

College/University:

Do you have a four-year degree?

If Yes, complete the following:

Date Earned: Major:

College/University:

***OTHER INFORMATION***

Approximate Annual Gross Family Income:

List source(s) of Annual Gross Family Income:

List other sources of income, if any:

Are you the “Head of household?” Yes No (You can claim “Head of Household” if you are unmarried, have cared for a dependent for over half a year, and paid more than half the cost of maintaining a home.)

Are you a U.S. citizen? Yes  No

If not a U.S. citizen, are you a legal resident? Yes No

***DEPENDENTS (persons for whom you provide at least 50% of their financial support)***

*List each dependent below:*

Name Age Relationship to Applicant

Name Age Relationship to Applicant

Name Age Relationship to Applicant

***EMPLOYMENT***

Are you presently employed? Yes No

If Yes, how many hours per week?

*List your Work History below:*

1. Current Employer

Position Employment Dates (From/To)

Hours per Week Type of Work

1. Previous Employer

Position Employment Dates (From/To)

Hours per Week Type of Work

1. Previous Employer

Position Employment Dates (From/To)

Hours per Week Type of Work

I do not have a family member who is a member of ALMC.  *(Put an “X” in the space provided if this is a true statement.)*

Assistance League of Montgomery County will not divulge any information provided on this form to any other person or entity without the applicant’s specific written consent. The applicant may be asked to a personal interview with the committee members. Date and time will be arranged convenient for both applicant and members of the Scholarship committee.

Please save and print this completed application, sign and date it (on signature and date lines below), and send it to Assistance League by Wed., May 21. *See “Instructions for Applying for the Return to Education Scholarship,” for more specific details.*

*Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***ESSAY –*** *Click in the shaded area below, and begin typing. The spacing will automatically adjust and go to another page. (Write approximately 750 words, explaining your need for financial aid, your career/vocational goals, and how achieving these goals will impact your life.* ***This essay will play a major role in whether or not an applicant receives a scholarship.)***