SCHOLARSHIP APPLICATION

Workforce Development and Continuing Education (Noncredit)

and Montgomery College Foundation



For more information and specific details on WDCE Noncredit Scholarship opportunities email Wdce.scholarship@montgomerycollege.edu

This application and supporting documents must be submitted in a sealed envelope by mail to the following address:

Montgomery College, Workforce Development and Continuing Education Attn: WDCE and Montgomery College Foundation Scholarship 51 Mannakee Street, CC 220 Rockville, MD 20850

Note: There are a limited number of scholarships available, pending funding, for qualified individuals. Students must meet eligibility requirements, apply by the posted deadline (if applicable), and attach all required documentation as listed on the scholarship checklist.

Please indicate specific Workforce Development and Continuing Education and Montgomery College Foundation Scholarship amount.

Name of Scholarship:

Amount of Scholarship: \$___

Please print clearly

Term:		FA	L		SPRING			SU	SUMMER												
College II) Numb	er:	M 2						В	irthdat		Ionth	-	Day	-		Yea	ar	S	ex ⊡Fei	male □Male
Last Nam	e								First	t Name	9									I	Viddle Initial
Address																					
	House # a	nd Street	Name (Do	NOT use P	O. Box or y	ou will be cl	harged No	rged Non-Md. resident fee.)							Apt. #						
City												State				Zip				-	
Home Phone							Wor Pho	k ne													
Cell							E-M	ail													
CRN #		Cour	se #		Course Title							Start Date			Tuition			Course Fee		Nd. Fee	Course Total
													_								
I authorize the Financial Aid Office/Workforce Development and Continuing Education office to release all information (academic/noncredit transcript, tax returns, scholarship information) and any other necessary documentation to Montgomery College Foundation and the Scholarship Review Committee. I understand that if I am awarded a scholarship and find that I cannot take the designated class(s) that the scholarship monies are forfeited, and I am not entitled to a refund. I certify that this information is true and accurate. I agree to abide by the policies and procedures of Montgomery College.																					
Student Signature Required Da										Date	te										
Internal Use Only Scholarship Approved Denied Amount of Scholarship: \$																					
Program Director Signature:																		_ Da	te:		