

Ohio-Michigan Association of Career Colleges and Schools (OMACCS)

2019 Workforce Tuition Scholarship Application

Application Deadline: **August 30, 2019**

Please Print Legibly

Name: _____ Phone: (____) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

I am applying for a Workforce Tuition Scholarship for _____
(Name of Program)

at _____
(Name of School and City or Campus)

in the amount of \$ _____.

This is a: Certificate Program _____ Diploma Program _____ Degree Program _____

Additional Applicant Information:

I have enrolled or will be enrolled in this program on _____ / _____ / _____
Month Day Year

Please check one: High School Graduation _____ Year _____ or GED _____ Year _____

(Name of High School or Institution issuing the Diploma/Certificate) (City, State and Zip)

I have read the Workforce Tuition Scholarship Foundation Scholarship Information and Conditions and agree to supply the information necessary to continue receiving the scholarship funds.

STUDENT SIGNATURE

Date

School or College Recommendation

I have reviewed the Workforce Tuition Scholarship Information and Conditions and the information on this application with the above-named applicant and verify that to the best of my knowledge this information is correct. Therefore, I recommend the above-named applicant for consideration for the Workforce Tuition Scholarship.

Chief Campus Administrator Signature

Date

Chief Campus Administrator Email

Phone

Return all requested documents together to:

Ohio - Michigan Association of Career Colleges & Schools (OMACCS)
ATTN: WTSF Scholarship Committee
2109 Stella Ct, Suite 125, Columbus, Ohio 43215
www.omaccs.org