

1312 South Sangre Road Stillwater, OK 74074-1899 • Phone: 405.377.3333 • Fax: 405.377.4688 • www.meridiantech.edu

# **Scholarship Application**

Scholarships provide financial assistance to potential and current students enrolled at Meridian Technology Center.

- The Foundation is designed to assist students who have exhausted other outlets for assistance.
- Funding is typically for tuition, books, supplies and certification fees required to successfully complete the program.
- Scholarship amount is determined based on the applicant's need. Generally the applicant will be required to pay a portion of the expense.
- Applicant must be in good standing with Meridian Technology Center to receive assistance from the Foundation.

### Step 1: Application

Application must be filled out completely. Incomplete applications will not be considered.

**Please print legibly** 

Return to: Finance Office or Career Planning Center

## Step 2: Deadlines

Deadlines for scholarships are the 30<sup>th</sup> of each month (or the following Monday if the 30<sup>th</sup> falls on the weekend) by 4:00 p.m. Applications turned in after the deadline will be considered at a later meeting.

### Step 3: Attachments

-Letter of recommendation from instructor or employerformer or present. -Letter about yourself and your career objectives, and why you should receive this scholarship -Resume (optional)



Street

1312 South Sangre Road Stillwater, OK 74074-1899 • Phone: 405.377.3333 • Fax: 405.377.4688 • www.meridiantech.edu

#### **Scholarship Application**

Name			Telephone ()	
Last	First	MI	_ 1 \/_	
Address				
Street	City		State	Zip
Current Grade Level	Jun	ior	Senior	Adult
High School which you	u attend(ed)			
Email Address:				
Will you be attending I	Meridian Technology	Center for	the first time next ye	ear? Yes
Program in which you	wish to enroll			Half-time Full-time
Name of program in w	hich you are currently	enrolled,	if any:	
Length of time in prog	ram	Ex	spected completion da	ate
Name of Meridian Tec	hnology Center instru	ctor who c	can document your pr	ogress
List at least two busine good character:	ss or personal referen	ces (no rel	atives) who would at	test to your
1. Name			Telephone	( )
Last	First	MI		
Address Street	City		State	Zip
				Ĩ
2. Name	First		Telephone	( )
Last Address	FIISt	MI		

City

Zip

State

Household Monthly Income:	Amount:	Household Monthly Expenses:	Amount:
Wages/Salary:		Living Expenses:	
Child Support/Alimony:		Daycare:	
TANF:		Tuition (yearly):	
Pell Grant:		Books (yearly):	
Social Security:		Supplies(yearly):	
Family		Transportation	
Contribution:		(gasoline):	
Other:		Other:	

Other Sources of Assistance:	List amount or provide additional information	
Vocational Rehabilitation (pays tuition):		
WIA (pays tuition):		
Tribal Assistance (pays tuition):		
Workers Compensation (pays tuition):		
Veterans Benefits (pays tuition):		
Food Stamps (DHS):		
Daycare Assistance (DHS):		
Medicaid (DHS):		
Housing Assistance:		
Other:		

Family Status: List names of persons living in your household (list ages of children):

Name of Scholarship for which you are applying (optional)\_\_\_\_\_

Please give any other information that you feel will help the committee decide if you should receive this scholarship (add additional sheets if needed):

Please attach:

- Letter telling us about yourself, your career objectives and why you believe you should be a recipient of this scholarship.
- Letter or recommendation from a teacher or employer, former or present. If currently enrolled at Meridian Technology Center, recommendations must be from your instructor.

I hereby certify that the preceding information is true and correct to the best of my knowledge.

Signature

Date

For Office Use Only		
	Date	Time
Application Received		
Approved		
Denied		
Letter Sent		
Disbursement to Bursar/Student		
Amount Awarded		