



Scholarship Application for Continuing Education & Training Workforce Development Programs

July 2018 - June 2019

DEADLINE: Applicants are reviewed in the order received and must be submitted at least 2 weeks prior to the start of the first class. The amount of any award is based on income and family circumstances and availability of funds, therefore only signed and dated applications that are complete with financial documentation will be reviewed by the scholarship committee.

Name: _____ **Student HCC Number:** _____

Street Address: _____

City: _____ **State:** MD **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email (Preferred Contact): _____

Marital Status: Married Divorced/Separated Single

Do you live with your parents? Yes No **Birth Date:** _____

Number of exemptions from your tax information (# of people you support if you did not file): _____

Qualified students will be eligible to receive funding for ONE Workforce Development Program through this scholarship fund

ELIGIBLE CAREER PROGRAMS

Computer Training

- A+ Certification
- A+/Network+ Combination
- Computer Fundamentals
- Microsoft Office Power User
- Network+ Certification
- Print Graphic Design CE Certification
- Security +
- Web Graphic Design CE Certification

Construction Trade

- Appliance Repair
- Applied Engineering Technology
- Basic Machine Manufacturing Technology
- Building Maintenance Certificate
- Commercial Truck Driving
- Drone Technology
- Forklift Certification
- Heating Ventilation, Air Conditioning & Refrigeration (HVAC)
- Heavy Equipment Operator
- Landscaping Certification
- Solar Photovoltaic Installer
- Welding

Professional

- Bartending
- Child Care Certification
- Floral Design Certification Program
- Food Science/Culinary Arts
- Hospitality
- Nail Technician
- Project Management
- Society for Human Resource Management (SHRM) Certified Test Preparation
- SHRM Essentials of Human Resources
- Veterinary Assistant

Healthcare

- Emergency Medical Technician (EMT)
- Dental Assistant
- Histologic Technician
- Medical Administrative Assistant
- Medical Insurance Billing
- Nursing Assistant
- Nurse Refresher
- Paramedic Program
- Phlebotomy Technician
- Physical Therapy Technician

OTHER Career Track Programs: _____

Total Funds Requested for tuition and fees: \$ _____

Submit application and supporting documents to:

Harford Community College
Continuing Education and Training

Attn: Matt Baylis
401 Thomas Run Road
Bel Air, MD 21015

**Healthcare Programs Only
Submit application and supporting documents to:**

Harford Community College
Continuing Education & Training

Attn: Dawn Reimer
401 Thomas Run Road
Bel Air, MD 21015

This scholarship is awarded based on financial need (see below). Applicants must provide the following documentation:

1. A copy of your 2017 Federal Tax Return (1040)

- If married and filing separately, you must include spouse’s return
 - If under 24 years old, have no children of your own and live with your parent(s), you must include a copy of your parent’s tax return
- If unmarried and residing with a partner, you must provide a copy of the partner’s tax return

2. Or if you did not file a 2017 tax return, you must complete the “CERTIFICATION OF NON-FILING STATUS FORM” (Back page of this application)

- Include supporting documentation or a signed letter from person(s) providing support. (List all other sources of income, ex: child support, Social Security, TCA, In-kind support)
- W-2’s should be submitted with this form

3. Student must submit a scholarship narrative - see p3

4. An Interview may be requested by the Harford Community College CET Scholarship Committee.

This grant is funded by Harford Community College, and is not federally funded; FAFSA applications do not apply.

Continued funding for required courses in any program is contingent upon successful completion of each successive course and available funding. Applicants must reapply if program extends beyond the fiscal year (June 30, 2019).

Eligibility: APPLICANTS MUST

- ***If unemployed, please apply to Susquehanna Workforce Network first***
- ***Be in good financial standing with the College***
- ***Successfully complete required assessment tests prior to applying for grant***
- ***Be at least 18 years old***
- ***Be a Maryland resident***
- ***Meet the income criteria and or other mitigating financial circumstances***

Size of Family Unit	TOTAL Annual Family Income	
	MAXIMUM – up to 100% tuition	MAXIMUM – up to 50% tuition
1	18,090	36,180
2	24,360	48,720
3	30,630	61,260
4	36,900	73,800
5	43,170	86,340
6	49,440	98,880
7	55,710	111,420
8	61,980	123,960
	Ea. add'l \$6,270	\$12,540

**Continuing Education & Training *Scholarship*
July 2018 through June 2019**

Narrative: Please use space below or a separate piece of paper for your scholarship narrative which addresses the following:

- a) What is your professional/career goal and how do you plan to pursue it?**
- b) Describe the mitigating, or unexpected financial circumstances, if any, that may affect your ability to pay for this course(s)?**

Program Worksheet: Please list all of the courses required to complete the program (attach a separate sheet for additional required courses)

Course Title _____	CRN # _____	Start Date: _____	Tuition: _____	Fee: _____
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Course Title _____	CRN # _____	Start Date: _____	Tuition: _____	Fee: _____
Course Title _____	CRN # _____	Start Date: _____	Tuition: _____	Fee: _____
Course Title _____	CRN # _____	Start Date: _____	Tuition: _____	Fee: _____

Total Cost of program/Funds requested: _____
Grant money awarded for tuition and fees only. Book charges excluded.

I certify that this information is true and accurate.

Signature

Date

CERTIFICATION OF NON-FILING STATUS

Students and/or their parents who did not file a tax return for the base year are required to certify that they did not file and that the information on the Pell Grant Report is correct.

Please carefully read the following information and complete the appropriate sections.

STUDENT:

I, the student, did not file a tax return for the tax year of _____. I understand that I must provide documentation of all untaxed income. I also understand that I must submit copies of all W-2 forms from any and all places of employment, even if I did not file a tax return.

- | | |
|--|--|
| <input type="checkbox"/> \$_____ TCA | <input type="checkbox"/> \$_____ Housing or Food Allowance Received, such as for clergy |
| <input type="checkbox"/> \$_____ Social Security Received for all family members | <input type="checkbox"/> \$_____ In-kind support [Money Received or paid on your behalf (ex. Bills, rent, etc.) but not reported elsewhere] |
| <input type="checkbox"/> \$_____ Child Support Received for all children | <input type="checkbox"/> \$_____ W-2 Wages |
| <input type="checkbox"/> \$_____ BAS/BAQ | |
| <input type="checkbox"/> \$_____ Workers Compensation | |

Student Signature

Date

PARENTS:

I/We, the parents of the HCC students, did not file a tax return for the tax year of _____. I/We understand that we must provide documentations of all untaxed income. I/We also understand that I must submit copies of all W-2 forms from any and all places of employment, even if I did not file a tax return.

- | | |
|--|--|
| <input type="checkbox"/> \$_____ TCA | <input type="checkbox"/> \$_____ Housing or Food Allowance Received, such as for clergy |
| <input type="checkbox"/> \$_____ Social Security Received for all family members | <input type="checkbox"/> \$_____ In-kind support [Money Received or paid on your behalf (ex. Bills, rent, etc.) but not reported elsewhere] |
| <input type="checkbox"/> \$_____ Child Support Received for all children | <input type="checkbox"/> \$_____ W-2 Wages |
| <input type="checkbox"/> \$_____ BAS/BAQ | |
| <input type="checkbox"/> \$_____ Workers Compensation | |

Parent Signature

Date