

BRUNSWICK COMMUNITY COLLEGE

APPLICATION FOR CONTINUING EDUCATION, ECONOMIC AND WORKFORCE DEVELOPMENT SCHOLARSHIP FUNDS

Name:	SSN:	DOB:
Address:		
City, State:	Telephone #:	
Email:	Marital Status:	
Program Applied for:	Start Date:	

EDUCATIONAL LEVEL

_____ Non Graduate (Enter highest grade completed 0-11)		<input type="checkbox"/> High School Graduate	
		Name of HS _____ Year _____	
<input type="checkbox"/> GED Diploma	<input type="checkbox"/> Adult High School Diploma	<input type="checkbox"/> Vocational Diploma	<input type="checkbox"/> Associate Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree or Higher		

I qualify for this scholarship under the following criteria (please check **all** that apply):

- _____ I am currently unemployed. (Beginning date of unemployment _____)
- _____ I am a military veteran. (Applicant must provide proof.)
- _____ I am an immediate family member of a veteran. (Applicant must provide proof.)
- _____ I am working and earn wages at or below 200% of the federal poverty guidelines (See below)

If you are qualifying under the criteria "working and earn wages at or below 200% of the federal poverty guidelines", please indicate the number of dependents living in your household that you are responsible for and their ages:

Number of dependents: _____ Ages: _____

Federal Earned Income Tax Credit Chart

Criteria	Earned Income Threshold
Individual	\$14,590
Worker with one qualifying child	\$38,511
Worker with two qualifying children	\$43,756
Worker with three or more qualifying children	\$46,997

200% of the Federal Poverty Guidelines

Family Unit	200% of Poverty Guideline
1	\$23,340
2	\$31,460
3	\$39,580
<i>For each additional person add \$8,120</i>	

Work History

Have you worked in the past 12 months? No _____ Yes _____ If yes, please complete the following:

Employer/Job Title	Start/End Date	Weeks Employed	Hourly Wage	Hours per week	Comments
1.					
2.					
3.					

Why have you selected this career path? : _____

Committee Score: 1 2 3 4 5

From a financial standpoint, what impact would this scholarship have on your education? _____

Committee Score: 1 2 3 4 5

State any special personal or family circumstances affecting your need for financial assistance. _____

Committee Score: 1 2 3 4 5

_____ I hereby verify that I am NOT a director, employee, or family member of an employee of the SECU or the SECU Foundation.

By signing below, I hereby verify that all the information on this application form is complete and accurate to the best of my knowledge.

Signature

Date

BCC Representative (Employee who collected the application): _____

For Office Use Only

Total Score: _____ (15 max score)

Comments: _____

Approved Not Approved