



Delaware Tech Fall 2018 Workforce Training Veterans Scholarship Application

Please answer all questions. (Incomplete applications will not be processed)

- Applicants must attend an Information Session and pass the academic requirements.
- Scholarship application consideration requires a written portion.
- Scholarship award is a one-time offering; multiple scholarships will not be awarded.
- Scholarship award will be granted for workforce development courses with a minimum tuition of \$249 and at the discretion of the committee.
- If approved for the scholarship, student must sign acceptance letter prior to the first class.
- If awarded a scholarship, the funds can only be applied to the course and semester you are applying for. Scholarships may not be transferred or deferred to another semester.
- You may reapply to another semester if you do not use your awarded funds or if you were not awarded a scholarship.

Student Name: _____ Date of Birth: _____

Program of Interest: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Veteran/Military Status: Active Guard Reserve Veteran (circle one) Branch: _____

Written Portion: Please describe your goals and aspirations for your future career and explain how training will assist you in gaining employment or increasing your skills for promotional opportunities. Please include how this scholarship will be able to help you financially. You should include: any necessary background information or reason for hardship, your drive for attainment and/or how this scholarship will assist you in being successful. (Any information you provide will not be shared per FERPA). You may use the back of this form or attach a typed document.

Verification: To process your application, we will need **Proof of Delaware Residency** and **one** of the following documents:

- DD214
- Military ID (do not copy this document)
- VA Identification
- Driver's License with Veteran Status listed

RETURN THIS APPLICATION with accompanying written essay and verification documents to:

Attn: David Strawbridge
Delaware Technical Community College
100 Campus Drive
Dover, DE 19904
Email: david.strawbridge@dtcc.edu

By signing below you acknowledge that all information and documentation is accurate and able to be reviewed by Delaware Technical Community College representatives.

Student Signature _____ Date _____

Received by _____ Date _____

Scholarship Granted: Yes ___ No ___ Amount of Award: _____ Date Award/Decision Letter Mailed: _____

