

**MIDLAND COLLEGE  
HEALTH SCIENCES CONTINUING EDUCATION  
SCHOLARSHIP APPLICATION**

Please **TYPE** or **PRINT CLEARLY**. ALL application information must be completed.  
Incomplete applications will **NOT** be reviewed.  
Student will **NEED** to submit **THANK YOU NOTE** as part of scholarship criteria.

**Biographical Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Permanent Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_  
Other Telephone(\_\_\_\_) \_\_\_\_\_

**Admissions Information**

Are you a first-time college student? Yes \_\_\_\_\_ No \_\_\_\_\_  
For which course(s) are you requesting scholarship? \_\_\_\_\_  
What amount of financial assistance are you requesting? Partial (please specify amount) \_\_\_\_\_  
Full \_\_\_\_\_  
Do you plan on enrolling in another course(s) next semester? Yes \_\_\_\_\_ No \_\_\_\_\_ If  
yes, what course(s)? \_\_\_\_\_

**Academic History**

Are you a high school graduate or GED? Yes \_\_\_\_\_ No \_\_\_\_\_  
High School Name \_\_\_\_\_ City \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_  
If you have previously attended another college/university, please list the names of those institutions:  
Number of college hours completed \_\_\_\_\_  
Name of continuing education course(s) you have taken: \_\_\_\_\_

**Program of Study**

Educational Objective \_\_\_\_\_  
Employment \_\_\_\_\_ Retraining \_\_\_\_\_  
Certificate \_\_\_\_\_ Degree \_\_\_\_\_  
Transfer to four-year institution \_\_\_\_\_  
Field of study or college major \_\_\_\_\_

**\*\*Health Sciences Interest \*\***

Are you interested in any of the following programs:

HSCE \_\_\_\_\_  
LVN \_\_\_\_\_ Radiography \_\_\_\_\_  
ADN \_\_\_\_\_ EMS \_\_\_\_\_  
Respiratory \_\_\_\_\_ Child Care \_\_\_\_\_  
Health Information Technology \_\_\_\_\_  
Sonography \_\_\_\_\_

**HSCE Financial Aid Office Use Only**

Date Application Received \_\_\_\_\_  
Receiving HSCE Staff Initials \_\_\_\_\_  
Scholarship Amount Awarded \_\_\_\_\_  
Date Student Contacted \_\_\_\_\_  
Student Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_  
HSCE Staff Initials who notified student \_\_\_\_\_  
Enrolled in Class: Yes \_\_\_\_\_ No \_\_\_\_\_  
Cancellation List: Yes \_\_\_\_\_ No \_\_\_\_\_

**Income Information**

**Living arrangements** (Attach additional pages if needed.)

Live with parents \_\_\_\_\_ Own Home \_\_\_\_\_ Rent \_\_\_\_\_

Please list below all persons living in the household:

**(Dependent** students - List all persons living in the household that your parent(s) support.

**Independent** students - List all that are in your household that **YOU** support.)

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Full Name	Age	Relationship to Student	College Attending
		Self	Midland College

Student Information from W-2 Forms		Parent Information (if applicable) from W-2 Forms	
Student's Monthly Income from Work		Father's Monthly Income from Work	
Spouse's Monthly Income from Work		Mother's Monthly Income from Work	
Other or Untaxed Income		Other or Untaxed Income	
Total Annual Income		Total Annual Income	

**DOCUMENTATION MAY BE REQUESTED.**

**REQUIRED**

On a separate sheet of paper, please specify any extraordinary circumstances and any other information that you feel would benefit the scholarship committee in evaluating your application. Please include your name and social security number on all additional pages.

**Certification Statement**

I certify that to the best of my knowledge the information contained on this form is correct and complete. I agree that Midland College has my permission to verify any and all information. I also agree to release copies of tax returns upon request to Midland College. I understand that any discrepancies will be evaluated.

I understand an incomplete application will not be reviewed. I also agree to submit a thank you note semester if awarded a scholarship. (Your scholarship will be revoked if thank you note is not submitted).

No student or prospective student will be excluded from participation in or be denied the benefits of financial aid at Midland College on the basis of race, age, national origin, religion, sex, or handicap.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If student under 18)

**Application Checklist**

- The application is complete and accurate
- All information has your name and social security number \_\_\_\_\_
- A copy of your essay is attached \_\_\_\_\_
- You have signed and dated the application

**Submit completed application, attachments and documentation to:**  
**Director of Health Sciences Continuing Education, Midland College,**  
**3200 W. Cuthbert**  
**Midland, Texas 79701**  
**Telephone: (432) 681-6313**