



## Midland College

### Health Sciences Continuing Education

#### Scholarship Application Information

Midland College HSCE may be able to provide scholarship funding for a portion of your **tuition** for qualifying applicants. To apply for the scholarship:

1. Complete the application in the HSCE office.
2. Please provide the following items:
  - Proof of Income (Household income/previous year W2)
  - A one-page essay expressing your education/career goals and your financial need (preferably typed)
  - A *Thank You Note* that will be presented to your scholarship donor

A scholarship award does **not** secure your spot in the course/program.

Thank you for your interest in our HSCE programs.

**Wendy Wood-Collins**  
(432) 681-6364  
Associate Dean of  
Health Sciences

**Shirley Linstedt**  
(432) 681-6305  
Massage

**Kim Daw**  
(432) 681-6338  
Nurse Aide  
Pharmacy Tech  
Phlebotomy



# MIDLAND COLLEGE

Continuing Education  
Scholarship Application

## Biographical Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_(\_\_\_\_)\_\_\_\_\_ Cell Phone: \_(\_\_\_\_)\_\_\_\_\_

Email Address: \_\_\_\_\_

Sex: \_\_\_ Male  \_\_\_ Female

Ethnicity: \_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian \_\_\_ American Indian \_\_\_ Other

## Admissions Information

Educational Objective: \_\_\_\_\_

For which courses are you requesting a scholarship? (Please list all.)

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## Academic History

Are you a high school graduate or GED? Yes No

Are you a first-time college student? Yes No

Previous continuing education course(s) you have taken:

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Do you plan on enrolling in another course(s) next semester? Yes No Unsure

Future program(s) of interest to study: \_\_\_\_\_

## Required: Income Information

- W2 Gross Annual Income: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_  
 \*We do not keep copies of W2s, Tax Returns, or check stubs. Bank Statements are NOT accepted.  
 \*Students receiving social security benefits/disability benefits must provide a copy of their benefits statement.
- Living Arrangements: Own Home \_\_\_\_ Rent \_\_\_\_ Live with parents \_\_\_\_ Other \_\_\_\_
- Please list below all persons living in the household: (Attach additional pages if needed.)
  - Dependent students – List all persons living in the household that your parents support.
  - Independent students – List all that are in your household that **YOU** support.

Full Name	Age	Relationship to Applicant	Income from Work

## Required: Letter of Need

- Write a brief statement telling about your career goals.
- Include any extraordinary circumstances or other information that you feel would benefit the scholarship committee in evaluating your application (such as unemployed).
- Sign and date your statement.

## 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 understand that any discrepancies will be evaluated.

No student or prospective student will be excluded from participation in or be denied the benefit 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 is under 18)

Midland College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following individuals have been designated to handle inquiries regarding the non-discrimination policies: **Tana Baker, Title IX Coordinator/Compliance Officer, 3600 N. Garfield, SSC 242, Midland, TX 79705, (432) 685-4781, [tbaker@midland.edu](mailto:tbaker@midland.edu)**; **Natasha Morgan, Director Human Resources/Payroll, 3600 N. Garfield, PAD 140, Midland, TX 79705, (432)-685-4534, [nmorgan@midland.edu](mailto:nmorgan@midland.edu)**. For further information on notice of non-discrimination, visit <http://wdcrocolp01.ed.gov/CFAPPS/OCR/contactus.cfm> or call 1-800-421-3481.