



WORKFORCE CONNECTIONS SCHOLARSHIP APPLICATION

Directions: Please return the Scholarship Application, Statement of Need, Letter of Recommendation and FAFSA confirmation to the Division of Workforce Development. After review, you will receive notification of your approval/denial. If approved, your information will be forwarded to the appropriate program of study for further contact.

Criteria: This scholarship opportunity was established to aid individuals in securing employment in an industry impacted locally by COVID (e.g. created worker shortage) and are interested in participating in the Workforce Connections program. This scholarship must be used during the semester that it is awarded and cannot be used to pay outstanding balances from previous semester(s). You must be registered in the program during the semester that you apply for funding.

Disclaimer: TCC has a limited amount of available funds. Scholarships will be prioritized based upon student need, work history and/or previous education and on the date of application and attestation. Funds may ONLY be used for the Workforce Connections programs approved. Scholarship applications must be submitted each semester for which funding is requested.

General Information:

First Name: _____ Middle Initial: _____ Last Name: _____ Email: _____

Date of Birth: ____/____/____ TCC ID Number: _____ Phone Number: _____
Ex: MM/DD/YYYY Ex: (XXX) XXX-XXXX

Student Local Address: _____

City: _____ State: _____ Zip Code: _____

Program of Study: Clinical Medical Assistant

Are you a: New Student Continuing Student

Statement of Need: Write and attach a Statement of Need answering the following questions:

- Why should you be selected for this scholarship?
- What is your current situation and level of need?
- Why have you selected your specific program and what do you hope to do with your training long-term?

Requirements: The Statement of Need should be a minimum of 200 words but no more than 400. The document can be hand-written (legible) or typed (preferred).

Letter of Recommendation: Provide a letter of recommendation from a former/current teacher, clergy member, employer or non-profit/community organization that includes contact information.



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FAFSA Confirmation Page: Complete the Free Application for Federal Student Aid (FAFSA) online at FAFSA.gov. Once the application has been complete, print the confirmation page and submit your Scholarship Application.

Attestations: You must indicate that this information is accurate and true. Please read each statement and if true, place your initials by each of the following statements.

_____ I am enrolled at TCC in certificate program leading to a recognized educational credential.

_____ I am agreeing to making satisfactory academic progress.

_____ I do not owe a refund on grants previously received from any institution.

_____ I have a valid social security number.

_____ I have registered with Selective Service (if applicable).

_____ I am a citizen of the United States, a permanent resident of the United States or able to provide evidence from the Immigration and Naturalization Service that I am in the United States for other than a temporary purpose with the intention of becoming a citizen or permanent resident.

_____ If convicted of, or pled nolo contendere or guilty to, a crime involving fraud in obtaining financial aid funds, I have completed all repayment of such funds.

I authorize Tallahassee Community College to pay my tuition with these funds.

Yes No

Signature: By signing this document, you are attesting that all information provided is true and correct, and that you have provided such information to apply for funds from Tallahassee Community College related to the CARES Act.

Signature

Date

FOR OFFICIAL USE ONLY

Approved Amount of Award: \$ _____

Denied Reasoning: _____

VP Signature: _____

Date: _____

