

Scholarship Application – Alliance for Lifelong Learning (ALL)

Continuing Education, Training, and Workforce Development



Student Information

Last Name		First Name		Middle Initial	Social Security No.	
Current Address			City		State	Zip
Phone	Email			Date of Birth		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Employment Information

Are you currently employed? yes no If yes: full time part time

Current Employer			Start Date			
Employer Address		City			State	Zip
Position		Phone		Hourly Rate or Salary	Hours worked per week	

Income Information

Estimated household annual taxable income	Number of dependents in household
Attach a copy of one of the following items for income documentation purposes: <ul style="list-style-type: none">• First page of most recent federal income tax return• Current pay stub• Wage information sheet from the IL Department of Economic Security (IDES)	

Courses for Which you are Seeking an Award (limit two)

Course Title	Course Code	Start Date	CRN	Tuition
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Other Instructional Expenses (e.g. books, lab fees, additional materials)

Item(s)	Cost

Total: _____

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OFFICE USE ONLY

Received by _____ Date _____ Site _____

Scholarship Approved Denied Signature _____ Date _____ Approved amount \$ _____

Applicant Statement

Please prepare a concise statement addressing **each** of the following questions. A typed response is preferred but not required. Use this form for a handwritten entry (must be legible and in print) or attach a typed sheet of paper. All questions must be answered.

1. Why are you applying for this scholarship?
2. Why are you taking these courses?
3. What do you plan to do with the knowledge and training you will receive, or how will the course benefit you (professionally or personally)?
4. If your scholarship award does not cover the full cost of your studies, how do you plan on covering the rest?

List other information important for the scholarship committee to know about you.

Authorization

I certify that the information provided in this application is accurate. I hereby give Oakton Community College permission to release this information to those involved in the scholarship selection process and/or the donor.

Student Signature _____ Date _____

Optional – does not influence scholarship award decision

- I give Oakton Community College permission to use my biographical information and personal statement in promotional materials, media releases, and other college publications.

All committee decisions are final and based on applicant need and application statement. Scholarships are awarded while funds permit. Submit your application documents as soon as possible.