

# Promise Program Scholarship Application

NAME \_\_\_\_\_ ID # \_\_\_\_\_

AMOUNT REQUESTED \$ \_\_\_\_\_

SEMESTER REQUESTED FOR \_\_\_\_\_ ENROLL START DATE \_\_\_\_\_ ENROLL END DATE \_\_\_\_\_

PURPOSE OF FUNDS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF FOR CLASS, WHAT COURSE #1 \_\_\_\_\_ DEGREE REQUIREMENTS? Y  N   
COURSE #2 \_\_\_\_\_ COURSE #3 \_\_\_\_\_ COURSE #4 \_\_\_\_\_

EMPLOYED? Y / N NAME OF EMPLOYER \_\_\_\_\_

FAFSA FILED? Y / N DATE \_\_\_\_\_

DID YOU RECEIVE A REFUND CHECK FOR THIS SEMESTER? Y / N

IF YES, WHAT AMOUNT? \$ \_\_\_\_\_

ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ understand that this funding is not guaranteed and if my circumstances change (including dropping/withdrawing from a course) that my award may be canceled. If approved for funding, I understand that this award is non-renewable. Therefore, I will have to reapply if I need additional funds in future terms.

X \_\_\_\_\_

signature

X \_\_\_\_\_

date