



Adult Technical Training
21740 State Route 676
Marietta, Ohio
(740) 373-6283 or (800) 648-3695
www.mycareerschool.com

2015 STUDENT SCHOLARSHIP APPLICATION FORM

Personal Information:

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

Email: _____

Academic Information:

High School Attending: _____

Current GPA: _____

Please complete the following in 50 words or less:

From a financial standpoint, what impact will this scholarship have on your education?

Authorization:

I release to The Career Center – Adult Technical Training the right to access my academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and guidelines.

Student Signature: _____ Date: _____

Mail completed form & copy of your current transcripts to:

The Career Center – Adult Technical Training
Attn: 2015 Scholarship
21740 State Route 676, Marietta, OH 45750

Financial Aid Office Use Only:

Home school: _____

GPA: _____ Verified By: _____

Financial Aid Office Approval: _____