



Scholarship Application

Applicant Contact Information

Name	
Street Address	
City State Zip	
Contact number	
E-Mail address	
Social media (LinkedIn, Twitter, etc.)	

Student Plan

Full time Part time
 University/College: _____
 Major: _____
 Hours currently enrolled: _____
 Total hours completed: _____
 Cumulative GPA: _____
 Contact person at school: _____

Employment Background

Attach resume, if needed

Title: _____	Employee ID: _____
Supervisor: _____	Department: _____
Work Location: _____	Email: _____
Work Phone: _____	Cell Phone: _____
Start Date: _____	End Date: _____

Sponsor and Professional reference information

Sponsor signature required

TCH Sponsor Name	
Contact number	
E-Mail Address	
Signature	x



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Sponsor and Professional reference information

Professional Reference

Name	
Contact number	
E-Mail Address	

Community Involvement, Extracurricular Activities, etc.

Tell us about yourself, outside of school and work.



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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am a selected as a scholarship recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate disqualification and cancellation of the scholarship at anytime.

Name (printed)	
Signature	x
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form.