

## CONTINUING EDUCATION SCHOLARSHIP APPLICATON

Please include your most recent transcripts.

721 W 21st Street, Connersville, IN 47331 | (765) 827-1366 | edg@edgconnersville.com

Applicant Name:	
Connersville Address:	
Connersville Phone #:	Current Degree Program:
School Phone #:	Current GPA:
School Address:	Anticipated Graduation Date:
Future School Attending:	Future Course of Study:
If financially supported by a parent/guardian, please complete the following.	
Parent/Guardian's Name:	Parent/Guardian's Employer:
	Parent/Guardian's Wages:
	\$/hour
Parent/Guardian's Name:	Parent/Guardian's Employer:
	Parent/Guardian's Wages:
	\$/hour
Number of Siblings at Home:	Their Age(s):
Number of Siblings in College:	Name of College(s):
Are you employed? Yes □ No □	If yes, where and for how long?
	Your Wages:
	\$/hour
If not financially supported by parent/guardian, please complete the following.	
Spouse's Name:	Spouse's Place of Employment:
	Spouse's Wages:
	\$/hour



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Number of Children at Home:	Their Age(s):
Number of Children in College:	Name of College(s):
Are you employed? Yes □ No □	If yes, where and for how long?
	Your Wages:
	\$/hour
Describe your participation in school organizations:	
Describe your participation in extracurricular activities:	
Describe your participation in organizations and activities outside of school:	
How or where do you see yourself in 5-10 years?	
Tiew of whore de yeu see yourself in o- to yeurs:	

**ESSAY:** Please attach a brief essay telling what you would like us to know about you that has not already been covered in the application and explain why you should be awarded this scholarship.