Career Tech Dual Enrollment Scholarship Application Workforce Development

Name:_____ SSN:_____

Address _____

City:_____ State:_____ Zip_____

Phone:_____ Email:_____

High School:_____Current Grade Level:_____GPA _____

Intended Major at Calhoun:_____

Dual Enrollment course(s) you plan to take _____

☐ Summer Semester ☐ Fall Semester ☐ Spring Semester

Workforce Development scholarships are intended to facilitate a pathway from the high school to the post-secondary institution and the workforce. By accepting this scholarship the student declares the intention of continuing his/her education in the intended major or entering the workforce in field.

This application must be signed by you, the student, your parent or legal guardian, your high school counselor, and your high school principal.

A copy of your high school or home school transcript is required to verify your GPA.

Applying for a scholarship does not guarantee that a scholarship will be awarded.

_____ _____

Student's Signature Date Parent/Guardian's Signature Date

_____ _____

Counselor's Signature Date Principal's Signature Date