

SAMPLE SCHOLARSHIP APPLICATION

(Company Logo)

(Company Name) is pleased to offer an academic collegiate scholarship for (Company Name) employees.

INFORMATION

Eligibility

Student is a full time/part-time (Company Name) employee who has been employed for (number of years) or more at (Company Name).

Application Process

1. Completed application form

2. Describe an accomplishment you have been recognized for and its influence on you.

3. One letter of reference or recommendation

4. Letter of Acceptance at accredited four year college or community college.

Selection Process

Recipients will be notified of the committee's decision by (Notification Date).

Payment will be made to ______ (fill in with appropriate reimbursement or deferment information)

Purpose of Scholarship

To Award up to:

\$_____ per year for accredited community college

\$_____ per year for accredited four year college

Questions

If you have questions or need further information, please contact (Contact Name) at (Phone/Email Address).





APPLICATION

(Company Logo)

Please complete this form. Information must be typed or printed directly on this form. Please put an asterisk by your preferred mailing address, if applicable.

| Name |
|--|
| Full-time/Part-time (Please circle one) |
| Number of years employed at (Company Name) |
| College Attending |
| Accreditation |
| Home Address |
| Home telephone |
| E mail |
| Major, if applicable |
| Expected graduation date |
| Volunteer Work/ Community Involvement |
| |

 For more information, email EEDS@GreaterLouisville.com www.55000degrees.org/EEDS



Family Care Responsibilities

Why should you receive this scholarship?

(Company Name) ATTN: (Contact Name) (Contact Information)





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