WATC
WICHITA AREA TECHNICAL COLLEGE

Certificate of Completion
Scholarship Application

Last name: _____   First name: _____   Middle Initial: _____

Address: _____   City: _____   State: _____   ZIP code: _____

Social security number: _____   Student ID number (if known): _____

Home phone: _____   Cell phone: _____

E-mail address: _____

Place of employment: _____   Does your employer provide educational assistance?   ❑ Yes   ❑ No

Program of interest: _____   Please circle your anticipated start date: **Fall 2010, Spring 2011, or Summer 2011**

Terms and Conditions:

- This scholarship is good for 50% off the total tuition cost of the Certificate of Completion.
- To receive this scholarship the applicant/scholarship must be enrolled in classes required for the completion of their chosen program of study.
- To be eligible for this scholarship, applicant/student must complete all admission requirements for their chosen program of study, complete and submit the WATC Application for New Student Admission (available online at www.watc.edu) and 2010-2011 COC Scholarship Application.
- Applicant/student is not eligible for the COC Scholarship if they are receiving Financial Aid for concurrent classes.
- Scholarship may be applied to tuition only. Student will be responsible for any tuition costs not covered by the scholarship awarded as well as the cost of fees, books, and any incidental expenses associated with the courses.
- This scholarship is non-transferable to other colleges.
- This scholarship has no cash value.
- If a student drops/withdraw from their program they will be subject to our normal refund policy and responsible for any outstanding charges on their account.
- Scholarship amount may be adjusted for student who receive third-party funding or are eligible for employer-reimbursed funding.
- Limit one institutional scholarship per student per semester.
- Scholarship recipients agree to participate in up to three college events per year at the request of the college.

By signing this Tuition Scholarship application I am agreeing to the terms and conditions outlined above:

Applicant's Signature: _____   Date: _____

~ For Office Use Only ~		
Received Date:_____	❑ Approved ❑ Denied	Financial Aid Stamp:
Financial Aid Initial:_____	Approved Amount: $ _____	_____

Wichita Area Technical College | 4004 N. Webb Rd. | Wichita, KS 67226 | 316.677.9400 | www.watc.edu

Certificate of Completion Scholarship|from WATC