

**SWORWIB and NEW HORIZONS
SCHOLARSHIP APPLICATION**

General (Please print application)				
Date	First Name	Last Name		M.I.
Address		City/County	State	Zip
Mailing Address (if different)		City/County	State	Zip
Home #	Cell #	Work #		
Email			DOB	
Emergency Contact			Phone	
Ethnicity	Race	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

Classification		
<input type="checkbox"/> US Veteran	Year(s) of Service	Year of Exit
<input type="checkbox"/> Recent High School Graduate or Adult Diploma Graduate	Name of High School	Year of Graduation
<input type="checkbox"/> Out-of-School Youth	Name of School Most Recently Attended	Year of Exit
<input type="checkbox"/> Dislocated Worker	Name of Last Employer	Year of Exit
<input type="checkbox"/> Individual with a Disability	<input type="checkbox"/> Other	

Programs	Contact Information
Program Interest <input type="checkbox"/> Business Office Administration Associate (BOA) <input type="checkbox"/> Certified Information System Security Professional (CISSP) <input type="checkbox"/> Lean Six Sigma Green Belt <input type="checkbox"/> Medical Office Administration Associate (MOA) <input type="checkbox"/> Project Management Professional Certification (PMP) <input type="checkbox"/> Security Information Technology Associate (SITA)	Contact Information Please call Samantha Meredith @ 513.554.0111 ext 2911 for more information and to schedule an assessment. <input type="checkbox"/> Assessment Confirmed by New Horizons
Additional Comments: 	

Application Questions

Please provide responses to the following questions and attach your document, limited to 300 words per response.

1. Why do you want to take the training program you have selected?
2. How does this scholarship help you with your career goals?
3. What do you want to gain or achieve from this training?
4. Why are you an ideal selection for this scholarship?
5. What will you do to help promote pursuit of ongoing education or training to others in your life circle?
6. Are you aware of other funding options that are available?

Certifying Statement

I certify, to the best of my knowledge, the information is accurate and true. I understand that all information is subject to review and verifications. I understand that falsification shall be grounds for termination of this application process. I authorize release of this information to determine and verify eligibility in accordance with applicable laws, rules, and regulations, and to share my program status and progress. I am not related to anyone working for New Horizons or the Southwest Ohio Region Workforce Investment Board (SWORWIB). I understand that all information is treated as strictly confidential and is available only to me and the agencies serving me.

Application's Signature

Date

Application Submission

Please submit your application, application question responses, & release form by 06.17.2019 by either Mail or Email.

Mail:

SWORWIB
Great Oaks Instructional Resource Center
100 Scarlet Oaks Dr., Suite 102
Sharonville, OH 45241

Email:

admin@SWORWIB.org

Approval

(Internal Use Only)

SWORWIB Recommendation Signature

Date



The Southwest Ohio Region
WORKFORCE INVESTMENT BOARD



Photo and Information Release

Date: _____

I hereby agree and consent on my behalf that photographs or video may be taken of me or that information stories may be written about me and used for the public relations purposes of the Southwest Ohio Region Workforce Investment Board (SWORWIB) and New Horizons. These purposes may include, but are not limited to, use in various communications such as brochures, plaques, the annual report, the web page, internal and external publications and videos and news reports produced by the SWORWIB and New Horizons for use in any publication, including those provided to the State of Ohio and federal agencies or affiliate organizations.

I further give the SWORWIB and New Horizons permission to use my name in connection the said photographs, videotapes or stories. By signing this agreement, I understand that I will not be compensated for the publication, posting or airing of the photos, video or stories.

Name: _____
Please print your name

Address: _____
Street City State Zip

Phone: _____ Email: _____

Signature

Date

THE PHOTO RELEASE COPIES ARE RETAINED ON FILE WITH THE SWORWIB