

Choose Ohio First

2020-2021 TECH-PREP TRANSITION SCHOLARSHIP APPLICATION

To be eligible for this scholarship, you must:

1. Complete this application
 2. Declare a major from the list below
 3. Be an Ohio Resident
 5. Provide us with a copy of your High School transcript or acceptable equivalent
 6. Enroll in at least six (6) credit hours each semester
- ✓ This scholarship pays for tuition and fees (other than lab fees) only.
 - ✓ For renewal, a cumulative GPA of 2.25 and continuation in the declared program of study is required.
 - ✓ The awarding and renewal of this scholarship is conditional upon the continuance of state funding.

Award Amounts

Full Time (12 or more hours/semester):	\$1,500/semester, two semesters per year
Three-Quarter Time (9-11 hour/semester):	\$1,125/semester, two semesters per year
Half-Time (6-8 hours/semester):	\$750/semester, two semesters per year

Please provide the following information:

Student Name: _____ Student ID: _____

Check a box next to your desired program of study at Edison State:

Approved Programs		Approved Programs	
<input type="checkbox"/>	11.1003 Cybersecurity AAB	<input type="checkbox"/>	15.0405 Robotics AAS
<input type="checkbox"/>	11.1001 Systems Administrator AAS	<input type="checkbox"/>	15.0399 Electronics Transfer AAS
<input type="checkbox"/>	11.1001 Network Administrator AAS	<input type="checkbox"/>	14.3601 Advanced Manufacturing AAS
<input type="checkbox"/>	11.0901 Networking Computer Management AAB	<input type="checkbox"/>	15.1306 Mechanical Engineering Design AAB
<input type="checkbox"/>	11.0901 CIS Systems Administrator AAB	<input type="checkbox"/>	15.0701 Quality Control STT
<input type="checkbox"/>	11.0901 Networking STT	<input type="checkbox"/>	15.1302 CAD/CADD STT
<input type="checkbox"/>	15.0501 HVAC-R	<input type="checkbox"/>	51.0708 Medical Scribe STT
<input type="checkbox"/>	15.0403 Electro-Mechanical Technology AAS	<input type="checkbox"/>	51.0710 Medical Office Assistant Long Term Certificate LTC

If I am awarded this scholarship, I agree to abide by all the conditions of this scholarship. I understand that if I fail to attend or officially withdraw from my classes my scholarship disbursement will be removed from my account and I may be required to pay any resulting balance due on my Edison account. I understand that I must request renewal for future award years if I continue to meet all eligibility criteria.

I certify that, to the best of my knowledge and belief at the time and date I have signed below, all information listed on this application is true and accurate.

Student Signature: _____ Date: _____

I authorize Edison Community College permission to release appropriate publicity upon the award of this scholarship.

Student Signature: _____ Date: _____

Submit Completed Application To:
 Financial Aid Office, Edison State Community College
 1973 Edison Drive, Piqua, OH 45356