

SHORT-TERM TECHNICAL CERTIFICATE GRANT APPLICATION



To be eligible for this grant, you must:

1. Complete this application
2. **MUST** declare a major from **ONLY** the list below
3. Submit this application with the Short Term Certificate Program registration/enrollment form
 - ✓ This grant pays for tuition and fees only
 - ✓ This grant only pays for courses that are part of an approved certificate program (see below)
 - ✓ The maximum amount a student may receive is \$1,000 per lifetime
 - ✓ The awarding of this grant is conditional upon the continuance of state funding

Please provide the following information:

Student Name: _____ Student ID: _____

Date of Birth: _____ Phone: _____

Are you 25 years of age or more? Yes _____ No _____

Check a box next to your declared major at Edison State:

✓	<u>Approved Short-Term Technical Certificate Programs</u>	
	Accounting Clerk	Human Resource Management
	Advanced Manufacturing Systems	Industrial Electrical Controls
	Banking Fundamentals	Lean Manufacturing
	Basic Electricity	Manufacturing Management
	Basic Human Relations	Medical Scribe
	Business Management	Phlebotomy
	CNC Programming	Programming
	Computer-Aided Design	Quality Management
	Electronics Networking	Real Estate
	Factory Automation	Supply Chain Management
	Help Desk	Tax Consultant
	Print Reading and Controls	Software Tester
	Emergency Medical Technician	Basic Computer Skills

Declaration of financial need: _____

If I am awarded this grant, I agree to abide by all the conditions of this grant. I understand that if I fail to attend my classes my grant disbursement will be removed from my account and I may be required to pay any resulting balance due on my Edison State account.

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 State Community College permission to release appropriate publicity upon the award of this grant.

Student Signature: _____ Date: _____

Submit Completed Application to:
Edison State Community College
Student Services
1973 Edison Drive
Piqua, OH 5356

OFFICE USE ONLY. DO NOT WRITE IN THIS SECTION:

Program Eligible Y N

Comments: _____

Financial Aid Eligible Y N

Comments: _____

Dean Y N

Comments: _____

Grant Award Amount: \$ _____

Date Grant Awarded: _____

To Financial Aid for notification
Copy to Dean