## WESTERN LANE COMMUNITY FOUNDATION CONTINUING EDUCATION SCHOLARSHIP APPLICATION

Scholarships will be awarded to individuals whose permanent home address is in Florence / Dunes City or Mapleton / Swisshome /Deadwood and who are eligible to enroll in a trade school or are continuing in an institution of higher learning. The Continuing Education Scholarship also includes non-traditional students enrolling in an educational program after a career or family change or job loss.

Applicant Information				
Last Name	First Name			
Permanent Address (	City Zip 974			
Phone Email .	Address			
Are you currently enrolled in a program	Yes No			
If yes, where?				
If not, where do you plan to enroll?				
If applicable, what is your current GPA? _				
What is your major or program?				
Applican	nt Budget			
Income				
Savings for College/Educational Program	:			
Other Scholarships and Financial Aid Awa				
·				
Evnenditures	Total Income:	_		
Expenditures				
Tuition Per Year:				
Books and Fees Per Year:				
Room and Board:				
Transportation:				
Other Expenses:	_			
	Total Expenditures:	_		
Total Funds Needed:	_			

## Supplemental Information

Please address the following using the provided blank pages; multiple responses may be answered on the same page.

- 1. Hobbies and volunteerism
- 2. Work History
- 3. Education History (attach a recent transcript, if applicable)
- 4. Explain your financial need and any special circumstances that would make it difficult for you to continue with your education without a scholarship.
- 5. What is motivating you to continue your education (250-word minimum).
- 6. Include one (1) signed letter of reference, preferably from a member of the community.

Note: An incomplete application may not be considered.

Submit this application either by using the submit button below or email it to wlcf@wlcfonline.org. You can digitally sign this application using the fill and sign function in Adobe Reader.

You can also mail the application to: Western Lane Community Foundation P.O. Box 1589 Florence, OR 97439

I certify that the information on this application is true and correct to the best of my knowledge as of the date given.

Signature	Date