


I'm not robot 

Open



2018

Porter County Master Gardeners Association (PCMGGA)

Scholarship Application

Be sure to see the Scholarship Guidelines at www.pcgarden.info for additional requirements

Please bring this application to the Porter County Extension Office by March 22, 2018 or mail by March 15, 2018. Late applications will be considered in July 2018.

Name _____ Male _____ Female _____
Permanent Address _____ Date of birth _____
City _____ State _____ Zip Code _____
Parents/Legal Guardian(s) _____
Address at college _____
Email Address _____
Telephone _____ Cell Phone _____
College Attending _____
Current Major _____
Current enrollment: Freshman _____ Sophomore _____ Junior _____ Senior _____
Expected Graduation Date: _____

Include your latest college and high school transcripts.

Please have your college counselor sign the following certification statement:

I have reviewed the applicant's responses and certify that they are correct, insofar as official school records indicate.

Name (Please Print) _____ Date _____

Signature _____ Title _____

Adair County Health System Financial Assistance Application

If you have any questions regarding this form, please call Emily at 641-733-7279.
Basic Information: ** All fields mandatory to the benefit of your eligibility.

Name _____ Date of Birth _____ Telephone Number _____
Address _____ Work _____
City/State/Zip _____ Cell _____
Employed: Y/N _____ Unemployed: Y/N _____ Retired: Y/N _____
Name _____ Date of Birth _____ Telephone Number _____
Address _____ Work _____
City/State/Zip _____ Cell _____
Employed: Y/N _____ Unemployed: Y/N _____ Retired: Y/N _____

** If more than one adult exists in the household please list all individuals with basic information on a separate sheet of paper and attach to this application. **
Name & Date of Birth of All Dependents of Household (If any dependents under age 18)

Name _____ DOB _____ Name _____ DOB _____
Name _____ DOB _____ Name _____ DOB _____
Name _____ DOB _____ Name _____ DOB _____

PROOF OF INCOME: SUMMIT ATTACHED PROOF OF INCOME LISTED BELOW FOR ALL INDIV. LISTED ABOVE

- Federal Tax Return (must include 1041) - Paycheck with Year to Date information (must include 401K/IRA)
- Social Security - VA Benefits - Pension Statement - Dividend - Disability - Life Insurance - Public Assistance
- Unemployment - Worker's Comp - Child Support - Other: Please List _____

By signing below I understand that I accept full responsibility for the accuracy of the information on this form. I understand that the Adair County Health System will use this information to determine my eligibility for the Financial Assistance Program. I HEREBY CERTIFY THAT THE STATEMENTS MADE ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. ** All fields mandatory to the benefit of your eligibility.

Signature of Applicant _____ Date _____
Signature of Applicant _____ Date _____

SECTION A: YOUR DETAILS

Blank area for pasting a photograph.

Fields for Name, Date of birth, and ID number.

Gender, Race, and Marital status selection options.

Fields for current study status, university/college, and year level.

Fields for financial assistance, type of assistance, and amount received.

Fields for Home Address (physical) including address, city, province, and postal code.

Fields for Postal Address, with an option to be the same as home address.

Fields for Address While Studying (if not living at home).

Fields for Contact Details including home telephone, cellphone, and email.

Contact information for NFP&I, including address, phone, and website.

Checkers better and better

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We understand that our success is built on the hard work, passion and skills of our people. We have a wide range of exciting career options for you...

- List of job roles: Till-point Cashiers, Security Officers, Planning Manager, Graphic Designer, Programmer, Contract Cleaners, Shelf Packers, Personal Assistants.

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BE PART OF OUR FRIENDLY STAFF

Small print text at the bottom of the page containing application details, dates, and contact information.

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