

WORKFORCE DEVELOPMENT SCHOLARSHIP APPLICATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: _____ Cell Phone: _____ Email: _____

Last 4 SSN _____ Date of Birth _____ How long have you been at the
above address? _____

Scholarship awards are based on funds available and student need. Please answer the questions below to verify need.

Do you require financial assistance in order to attend classes? YES NO

Are you currently receiving unemployment benefits? YES NO

Is anyone claiming you as a dependent on their tax return? YES NO

Number of Dependents in Home (including self): _____

Annual Household Income (if hourly – rate of pay per hour x hours worked per _____ \$ _____ year):

Please provide one of the following in order to verify your income: 1) Copy of last year's tax return, 2) IRS Tax Transcript from www.irs.gov/individuals/get-transcript, 3) copies of three recent pay stubs, or 4) last year's W-2.

Additional Information for Clarification or Consideration:

I wish to apply for a Thomas Nelson Workforce Development ChefsGO Scholarship. If selected, I will commit to participate in both the classroom training, as well as the on-the-job mentorship training.

Signature _____ Date _____