



SHERWOOD EMPLOYEES
SCHOLARSHIP AND FINANCIAL ASSISTANCE FUND

Est. 2021

SCHOLARSHIP PROGRAM APPLICATION

EMPLOYEE INFORMATION

Last Name:	First Name:	Middle initial:	
Address:	City:	State:	Zip:
Telephone:	Department:	Position:	Hire Date:
Cell Phone:	Email:		

APPLICANT INFORMATION

This Section to be completed ONLY if scholarship is for dependent of the employee:

Last Name:	First Name:	Middle initial:	Date of Birth:
Address:	City:	State:	Zip:
Requesting Scholarship for: <input type="checkbox"/> Employee <input type="checkbox"/> Dependent of Employee	Email:	Cell Phone:	

What are the educational goals for this individual: Self Development English as a second language Associates Degree
 Bachelors Degree Masters Degree

What semester/quarter are you currently applying for: Spring
 Fall

Have you applied for a government assistance program?* Yes No **If Yes, Which ones? Please check all that apply* Financial Aid Scholarships
 Other: _____

Anticipated Date of Graduation: _____ Enrolled in _____ credits.

SCHOOL INFORMATION

School Name:	Student ID:		
Address:	City:	State:	Zip:
School Contact:	Contact Phone:	Contact Email:	
Financial Aid Department Address:	City:	State:	Zip:
Please specify program or area of study: How many units have been completed?	What is your current GPA:		

Important Addendum: Attach a brief summary of why you are pursuing additional education and how you plan to utilize it. Include a copy of your current schedule, unofficial transcripts and an itemized statement of tuition due for upcoming semester, such as room and board, parking and commuting, books, computers, etc. (See back for details and conditions).