



ADULT Education Application Form

Last Name:		First Name:	
Address:		City , Post code:	
Phone:		Email:	

Course/Program registering for: _____

Institution providing course/program: _____

Location of course/program (online or which campus): _____

Course/Program Tuition Amount: _____

Mission Community Foundation has limited funding available for Adult Education Classes. Do you have another source of income to augment your award?

- Yes No

As part of its evaluation process, Mission Community Foundation requests that you provide the following additional information in addition to this form.

- 1- 2 page summary about you: who you are and why the course/ program will help improve your life and marketability in the workforce
- Character reference letter. Cannot be from a family member.

Acknowledgement: ALL items must be checked to proceed with application.

- I acknowledge that Mission Community Foundation has 1 adult scholarship cycle annually and my application will be reviewed at the next cycle.
- I acknowledge that Mission Community Foundation is under no obligation to provide a scholarship and that should I be chosen for an award I will have 18 months to claim it. Should I fail to claim within those time limits my award is forfeit.
- I acknowledge that Mission Community Foundation will provide monies only after I have proof of registration and deposit for courses/programs I have registered for.

I hereby submit my application for your review. I certify that all information is accurate and accept the terms as presented in the acknowledgement.

Signature of applicant

Date

MISSION COMMUNITY FOUNDATION USE:	
Date Received:	
Placed on Agenda: (date & Time)	
Approved:	Rejected:
Confirmation sent:	Date: