



Knox County Foundation Career and Technical Education (CTE) Scholarships are available to residents of Knox County who are attending, or will attend, an occupational training program of two-years or less at an accredited vocational school, technical school, community college, or junior college. **DO NOT USE THIS APPLICATION FOR ASSOCIATE'S DEGREE (OR HIGHER) PROGRAMS. All associate's degrees and higher must use the universal scholarship application available at knoxcf.awardspring.com.**

To be eligible, applicants must:

- Be a Knox County resident
- Submit your WorkKeys Skills Report*
- Submit your Financial Aid Package/Breakdown From Your Educational Institution or Program Cost Sheet
- Complete and submit a copy of the Submission Summary of the Free Application for Federal Student Aid (FAFSA)
- Complete (and sign) the Vocational Scholarship Application in full

**A high school transcript/GED will ONLY be accepted if your school does not require the WorkKeys Skills Assessment.*

COMPLETED APPLICATIONS ARE DUE BY 4:00 P.M. ON:

MARCH 15: For Summer/Fall Consideration

JULY 15: For Fall/Winter Consideration

OCTOBER 15: For Winter/Spring Consideration

Please see the bottom of this page for submission addresses.

For questions, please contact Lisa Lloyd, Program Director,
at 740-392-3270 or Lisa@knoxcf.org

SECTION 1: APPLICANT INFORMATION

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Date of Birth _____ Gender (optional) ☐ M ☐ F Last 4 of SSN _____

Return completed applications to:

Mail:

Knox County Foundation
PO Box 309
Mount Vernon, OH 43050

In Person:

Knox County Foundation
101 East Gambier Street
Mount Vernon, OH 43050

E-mail:

lisa@knoxcf.org

SECTION 2: PREVIOUS EDUCATION

Education Type	Name of Institution	Degree Attained	Completion/Grad Date
High School			
Associate			
Bachelor's			
Master's			
Other			

SECTION 3: CURRENT EDUCATIONAL GOAL

College/School: _____

Admission Status: Applied Accepted Wait List Plan to Apply

Anticipated Program: _____

Cost of Program (attach cost sheet breakdown): _____

Anticipated Start Date: _____ Have you received this scholarship in the past? _____

SECTION 4: PERSONAL GOALS

How do you plan to pay for your education? (List grants, savings, loans, working, etc.):

What are your goals in the next 5-10 years? What do you hope to do upon completion of your program?
(For example, where do you hope to live and work?):

SECTION 4: PERSONAL GOALS, CONT'D

Please explain any financial circumstances that were not addressed on the FAFSA. Why do you need this scholarship and how would receiving it impact the achievement of your goals?

Is there any additional information you consider supportive of your application for scholarship assistance from the Knox County Foundation?

Attach the following (All documents must be received by the deadline to be eligible for a scholarship):

WorkKeys Skills results

FAFSA Submission Summary required by your school or for the year in which you are applying for financial aid

F Financial Aid Package/Breakdown from Educational Institution or Program Cost Sheet

I certify all information provided is true, complete, and accurate. I understand that information such as educational records, which includes name, social security number, student ID number, address, job placement and retention records may be needed to verify eligibility for this scholarship and to coordinate with other agencies/institutions. In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits the disclosure of the aforementioned information by educational institutions to the Knox County Foundation for review by the Knox County Foundation staff and Scholarship Selection Committee. I furthermore release to Knox County Foundation the right to use my name, school, program taken, and other information contained in this application for Foundation publications, reports and/or press releases. If awarded a scholarship, I allow Knox County Foundation to verify both my enrollment and completion of orientation (if applicable) before funds are distributed to my accredited school. I will also allow my accredited school to disclose my completion, licensure, and workforce placement information to the Knox County Foundation.

Agree

Disagree

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____