

# Otha Grimes/Francis Tuttle Memorial Scholarship

for Adult Career and  
Technology Center Students

Revised 01/06/2020



**Application**

**Spring      Fall**

**PLEASE COMPLETE APPLICATION AND SUBMIT TO FINANCIAL AID DIRECTOR BY  
SCHOOL'S DEADLINE. APPLICATION MUST BE TYPED.  
(DO NOT COPY A PREVIOUSLY SUBMITTED APPLICATION)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State)

**Home Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_

**Technology Center (please include campus):** \_\_\_\_\_

**Is the applicant attending technology center as an in-district or out-of-district student?**

**Program in which applicants is enrolled:** \_\_\_\_\_

**Date applicant started in the program:** \_\_\_\_\_

**Date applicant plans to complete the program:** \_\_\_\_\_

**Name of the instructor who can document applicant's program endeavors:** \_\_\_\_\_

**Define your career objective:**

**Otha Grimes/Francis Tuttle  
Memorial Scholarship**

**for Adult Career and  
Technology Center Students**

Revised 01/06/2020



**What circumstances dictate your financial need for scholarship assistance (please be specific):**

**Otha Grimes/Francis Tuttle  
Memorial Scholarship**



**for Adult Career and  
Technology Center Students**

Revised 01/06/2020

**List all educational expenses (specify the item and cost of each item for the current semester):  
(Only list allowable scholarship expenses, refer to guidelines)**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**List all financial support you have or plan to receive this semester:  
(Pell or other scholarships – specific the support and amount)**

_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total amount of scholarship funds you are requesting this semester:  
(Note: Application will NOT be considered unless amounts are indicated.)**

\_\_\_\_\_

**I hereby certify that the above information is correct to the best of my knowledge, and that I am at least 18 years of age. Incomplete information may jeopardize this application from being considered.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

**Scholarship must be applied towards students' specific needs identified above.**

(Applicant may attach a separate page of additional information for clarification of any item(s) in application.)