



**Presidential Scholarship Application  
Workforce Development Programs**

July 2020 - June 2021

**DEADLINE:** Applicants are reviewed in the order received and must be submitted at least 2 weeks prior to the start of the first class. The amount of any award is based on income and family circumstances and availability of funds, therefore only signed and dated applications that are complete with financial documentation will be reviewed by the scholarship committee.

**Name:** \_\_\_\_\_ **Student HCC Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** MD **Zip:** \_\_\_\_\_

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

**Email (Preferred Contact):** \_\_\_\_\_

**Marital Status:**     Married     Divorced/Separated     Single

**Do you live with your parents?**    Yes    No        **Birth Date:** \_\_\_\_\_

**Number of exemptions from your tax information** (# of people you support if you did not file): \_\_\_\_\_

**Qualified students will be eligible to receive funding for ONE Workforce Development Program through this scholarship fund. Applicants will not be reimbursed for tuition and fees paid out of pocket.**

**ELIGIBLE CAREER PROGRAMS**

**Construction Trade**

- Applied Engineering Technology
- Basic Machine Manufacturing Technology
- Building Maintenance Certificate
- Commercial Truck Driving
- Drone Technology
- Forklift Certification
- Heating Ventilation, Air Conditioning & Refrigeration (HVAC)
- Heavy Equipment Operator
- Solar Photovoltaic Installer
- Welding

**IT**

- A+ Certification
- A+/Network+ Combination
- Computer Fundamentals
- Microsoft Office Power User
- Network+ Certification
- Security +

**Healthcare**

- Emergency Medical Technician (EMT)
- Dental Assistant
- Medical Administrative Assistant
- Nursing Assistant
- Nurse Refresher
- Paramedic Program
- Phlebotomy Technician
- Physical Therapy Technician

**Professional**

- Child Care Certification
- Culinary Technician
- Dog Grooming
- Floral Design Certification Program
- Food Science/Culinary Arts
- Nail Technician
- Project Management
- Society for Human Resource Management (SHRM) Certified Test Preparation
- SHRM Essentials of Human Resources
- Veterinary Assistant

OTHER Career Track Programs: \_\_\_\_\_

**Total Funds Requested for tuition and fees: \$ \_\_\_\_\_**

**This scholarship is awarded based on financial need (see below). Applicants must provide the following documentation:**

**1. A copy of your 2019 Federal Tax Return (1040)**

- If married and filing separately, you must include spouse's return
  - If under 24 years old, have no children of your own and live with your parent(s), you must include a copy of your parent's tax return
- If unmarried and residing with a partner, you must provide a copy of the partner's tax return

**2. Or if you did not file a 2019 tax return, you must complete the "CERTIFICATION OF NON-FILING STATUS FORM" (Back page of this application)**

- Include supporting documentation or a signed letter from person(s) providing support. (List all other sources of income, ex: child support, Social Security, TCA, In-kind support)
- W-2's should be submitted with this form

**3. Student must submit a scholarship narrative - see p3**

**4. An Interview may be requested by the Harford Community College CET Scholarship Committee.**

***This scholarship is funded by Harford Community College, and is not federally funded; FAFSA applications do not apply.***

***Continued funding for required courses in any program is contingent upon successful completion of each successive course and available funding. Applicants must reapply if program extends beyond the fiscal year (June 30, 2020).***

**Eligibility: APPLICANTS MUST**

- ***If unemployed, please apply to Susquehanna Workforce Network first***
- ***Be in good financial standing with the College***
- ***Successfully complete required assessment tests prior to applying for scholarship***
- ***Be at least 18 years old***
- ***Be a Maryland resident***
- ***Meet the income criteria and or other mitigating financial circumstances***

Size of Family Unit	TOTAL Annual Family Income	
	MAXIMUM – up to 100% tuition	MAXIMUM – up to 50% tuition
1	18,210.00	36,420.00
2	24,690.00	49,380.00
3	31,170.00	62,340.00
4	37,650.00	75,300.00
5	44,130.00	88,260.00
6	50,610.00	101,220.00
7	57,090.00	114,180.00
8	63,570.00	127,140.00
	Each Additional \$6,480.00	\$12,960.00

**Continuing Education & Training *Scholarship*  
July 2020 through June 2021**

**Narrative: Please use space below or a separate piece of paper for your scholarship narrative which addresses the following:**

- a) What is your professional/career goal and how do you plan to pursue it?**
- b) Describe the mitigating, or unexpected financial circumstances, if any, that may affect your ability to pay for this course(s)?**

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**Program Worksheet: Please list all of the courses required to complete the program (attach a separate sheet for additional required courses)**

Course Title	_____	CRN #	_____	Start Date:	_____	Tuition:	_____	Fee:	_____
Course Title	_____	CRN #	_____	Start Date:	_____	Tuition:	_____	Fee:	_____
Course Title	_____	CRN #	_____	Start Date:	_____	Tuition:	_____	Fee:	_____
Course Title	_____	CRN #	_____	Start Date:	_____	Tuition:	_____	Fee:	_____
Course Title	_____	CRN #	_____	Start Date:	_____	Tuition:	_____	Fee:	_____
Course Title	_____	CRN #	_____	Start Date:	_____	Tuition:	_____	Fee:	_____

**Total Cost of program/Funds requested: \_\_\_\_\_  
Scholarship money awarded for tuition and fees only. Book charges excluded.**

**Directions to submit applications:** When you are ready to submit your application please email training@harford.edu. In the subject line, please type Presidential application submission. By reply you will receive an email with a link to upload your application and supporting documents. The link will be a safe and secure method for receiving sensitive information.

**I certify that this information is true and accurate.**

\_\_\_\_\_  
**Signature**

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

**CERTIFICATION OF NON-FILING STATUS**

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Students and/or their parents who did not file a tax return for the base year are required to certify that they did not file and that the information on the Pell Grant Report is correct.

Please carefully read the following information and complete the appropriate sections.

**STUDENT:**

I, the student, did not file a tax return for the tax year of \_\_\_\_\_. I understand that I must provide documentation of all untaxed income. I also understand that I must submit copies of all W-2 forms from any and all places of employment, even if I did not file a tax return.

- |  |  |
|--|--|
| <input type="checkbox"/> \$_____ TCA   | <input type="checkbox"/> \$_____ Housing or Food Allowance Received, such as for clergy  |
| <input type="checkbox"/> \$_____ Social Security Received for all family members | <input type="checkbox"/> <b>\$_____ In-kind support [Money Received or paid on your behalf (ex. Bills, rent, etc.) but not reported elsewhere]</b> |
| <input type="checkbox"/> \$_____ Child Support Received for all children         | <input type="checkbox"/> \$_____ W-2 Wages   |
| <input type="checkbox"/> \$_____ BAS/BAQ   |  |
| <input type="checkbox"/> \$_____ Workers Compensation                            |  |

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**Student Signature**

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**Date**

**PARENTS:**

I/We, the parents of the HCC students, did not file a tax return for the tax year of \_\_\_\_\_. I/We understand that we must provide documentations of all untaxed income. I/We also understand that I must submit copies of all W-2 forms from any and all places of employment, even if I did not file a tax return.

- |  |  |
|--|--|
| <input type="checkbox"/> \$_____ TCA   | <input type="checkbox"/> \$_____ Housing or Food Allowance Received, such as for clergy  |
| <input type="checkbox"/> \$_____ Social Security Received for all family members | <input type="checkbox"/> <b>\$_____ In-kind support [Money Received or paid on your behalf (ex. Bills, rent, etc.) but not reported elsewhere]</b> |
| <input type="checkbox"/> \$_____ Child Support Received for all children         | <input type="checkbox"/> \$_____ W-2 Wages   |
| <input type="checkbox"/> \$_____ BAS/BAQ   |  |
| <input type="checkbox"/> \$_____ Workers Compensation                            |  |

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**Parent Signature**

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**Date**