BONNIE DUNCAN SCHOLARSHIP FUND



APPLICATION FOR ADULT LEARNERS

CRITERIA FOR ADULT LEARNER APPLICANT:

- Must be 17 years or older
- Hunterdon County resident
- High School Diploma or GED
- Household Income level must be at or below the ALICE (Asset Limited Income Constrained Employed) threshold (click here for more information)

Applicant Information*

Home Address:	City, State, Zip:	
Home Phone Number:	Cell Phone Num	ber:
Email Address:		
Family Fina	nncial Information*	
Please Identify Yourself from ONE of the options belo	w	
#1 Primary Household Member		
#2 Secondary Household Member		
#3 Adult Applicant living in parent/family's househ	nold	
Name(s) of Current Employer(s):	Position(s):	Yrs. w/ Employer(s):
Average take home pay/month:	Average # of months	employed during the year:
Non-employment income/month (SSI, disability, alimony,	child support, other income):
Estimate your current personal Assets: (checking, savings	s, other):	

Please list all children in the applicant's family and complete appropriate columns.

Name	Relationship	Age	Grade	In Home Child Care	Out of Home Child Care	Working

Prior Employment Information*

EMPLOYMENT EXPERIENCE: (Begin with the most recent position.)

Employer	Estimate your monthly income (after taxes)	Dates of Employment	# Hours Per Week (full time, part time, seasonal)

Financial (Educational) Support Information*	
How much will you/family member contribute to the applicant's education for 2024?	
Did you file or do you plan to file for Student Aid? Yes No I Don't Know	
Do you need more information regarding financial aid options?	
Have you received financial aid or scholarships from other sources for 2024?	

If yes, please list below: (Include the School(s) that awarded the funds, if applicable. DO NOT LIST LOANS! Only list the schools you are considering.)

School	Source of Financial Aid or Scholarship	Annual \$ Amount	Renewable: Yes or No

School/College You Plan/Would Like To Attend:	
School Expenses:	Personal Expenses:
Tuition:	Room/Board or Rent:
Books & Other Fees:	Commuting/Transportation Expenses:
Childcare Expenses:	Food Expenses:
Total Estimated School Expenses:	Total Estimated Personal Expenses:
Total Combined Estimated Expenses:	
Academic Info	rmation*
What are your educational goal(s)? Check all that apply. Prepare for a new career Advance in job/career Improve basic skills Obtain an academic/skilled certificate Obtain a 2-year Associate's Degree Transfer to a 4-year institution to earn a Bachelor's Degree Other (Please Specify)	
If you have an intended CAREER PATH , indicate that here:	
If you have chosen a MAJOR , indicate your choice:	
For the choices listed above, which program(s) of study into Advanced Technology Business Education Healthcare Arts and Humanities Social Sciences Science, Technology, Engineering and Math (STEM) Others Not sure	erest you the most? Check all that apply.

List the school/college that you would like to attend and list the estimated expenses (per year) below:

What is the highest level of educa High School Diploma or GED	tion you have achieved?		
Some Post Secondary Training	g (Vo Tech, Poly Tech, some certif	ication program)	
Some College			
Associate's Degree			
Bachelors Degree			
# Credits/certifications completed	:		
Do you think any of your relevant	credits and/or work experience	are or may be transferrable?	
	Yes No Do	on't Know	
For prior Post-High School educat	tion, please list the school/unive	ersity attended.	
_	<u>thletics, Coaching, Clubs, Faith</u> nteer Work, Special Interests, ar	-based Activities, Visual/Performing and Other Activities*	Arts,
<u>voia</u>	meer work, opecial interests, at	id Other Activities	
Activity	Personally Important to Applicant	Relevant to Career/Course goals	# Years
		<u> </u>	

In wh	ich of the following do you need support in order to enroll and/or complete your studies? Mark all that apply.
	Paying for college
	Childcare
	Transportation
	Gain confidence in my ability to succeed in college
	Gain technology skills
	Access to High-speed Wi-Fi / Internet (speeds above 25/3 Mbps and usage of at least 1024 GB per month)
	(Affordable Connectivity Program)
	Making connections with students on campus who have similar backgrounds/interests
	The flexibility of the schedule
	Time away from my family
	Access to computer and other resources
	Improving my understanding of college admissions process and procedures
	Increasing knowledge regarding career options and length of time to complete studies
	Work schedule
	Other Please explain:
	Applicant Signature*
I have	e reviewed this scholarship application and my included essay and have verified that the information
	ded is correct. Typing my name below, will serve as my electronic signature.
Siana	ature of Applicant: Date:
3	
F	Please see next page to include required application essay.

ESSAY*

Note: It is recommended that you write your essay in an another source and then copy and paste that text here.

REQUIRED: Please include an essay that incorporates the topics below.

(Limit 500 words / 4000 characters)

- Why do you want to enroll in school as an adult learner?
- What are your goals upon completion of your education?

•	State any special circumstances which you feel make it imperative that you have financial aid.

Please e-mail	completed	application	to info	@uwhun	terdon ord
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OR

Print and mail to: United Way of Hunterdon County, Attn: Bonnie Duncan Scholarship Fund 4 Walter E. Foran, Suite 401, Flemington, NJ 08822.