

Horizonte Instruction and Training Center

Applied Technology College Scholarship Application

In which Horizonte Instruction and Training Center program are you enrolled? Please check one.

| | | | | | |
|---------|--------------------------|----------|--------------------------|------------|--------------------------|
| Adult | <input type="checkbox"/> | Main St. | <input type="checkbox"/> | Odyssey | <input type="checkbox"/> |
| DSP | <input type="checkbox"/> | ISP | <input type="checkbox"/> | Rose Park | <input type="checkbox"/> |
| Evening | <input type="checkbox"/> | | <input type="checkbox"/> | South City | <input type="checkbox"/> |

1. Name in full: _____
Last First Middle
2. Mailing Address: _____
Street City State Zip Code
3. Day Phone: _____ Email Address _____

Name of Applied Technology College which you have submitted an application:

Name in full: _____

4. Proposed Certified Program _____
5. State what plans you have after your high school education is completed:
6. Please list activities (work, community, school-related...) in which you participated while attending Horizonte Instruction and Training Center program. (Attach an additional sheet if necessary)
7. Write a personal statement of one page (double spaced) on the challenges you have overcome to get your high school diploma. Also include your educational goals and plans for the future. (Attach an additional sheet)

Student's signature: _____ Date: _____

College Checklist:

I have applied to and been accepted at _____ (proof of enrollment required)

Test Scores will support my field of study. Please include proof of applicable score:

ACT _____ Accuplacer: Math _____ English _____ TABE: Reading _____ Math _____

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1. I will provide a written thank you to the Scholarship Fund.
2. In accordance with Horizonte Scholarship Fund rules and FERPA, I authorize _____ (name of College) to release academic information (including records related to grades, disciplinary proceedings, tuition, fees and financial aid) to Horizonte. This release shall remain in effect until revoked by me, in writing.

Scholarship Applicant Signature

Date

Parent/Guardian Signature (if student is under 18)

Date

VIDEO RELEASE

I authorize Horizonte to create a video interview about my experiences. I give my permission for this video to be used by the media to promote awareness and continue to raise funds for future Horizonte students.

Student Signature

Date

Parent Signature (if student is under 18)

Date