THE MOORE NORMAN TECHNOLOGY CENTER FOUNDATION INCORPORATED

Request for Scholarship Assistance for Short-Term Nurse Aide Programs:

Home Health/Long-Term Care Aide Flex (HO 082) or Long-Term Care Nurse Aide Flex (HO 083)

General Information:

The purpose of the Moore Norman Technology Center Foundation, Inc. is to provide funds needed by students enrolled in or are planning to enroll in HO 082 or HO 083.

- ☐ Home Health/Long-Term Care Aide Flex (HO 082)
- ☐ Long-Term Care Nurse Aide Flex (HO 083)

Scholarships are awarded based on the need of the student and are approved by the Superintendent, Associate Superintendent of Instruction, or a representative of the MNTC Foundation. The total scholarship award available per student is $400. Students are required to pay balance due for the class to complete enrollment.

Guidelines:

Awards are for an unmet need for school or an emergency situation that could place the student's completion of the program at risk.

Maximum award: $400 while enrolled in or planning to enroll in HO 082 or HO 083 at MNTC. The total award per student, will not exceed $400.00. The scholarship period for these programs begins at enrollment and ends with the completion of HO 082 or HO 083 class hours.

Scholarship fund may be used for the following purposes:

1. Moore Norman Technology Center Tuition
2. Supplies
3. Equipment
4. Books
5. Testing and Certification Fees

Scholarship funds **may not** be used for reimbursements.

The award check will be made payable to Moore Norman Technology Center. **No payment will be made directly to the student.**

Student eligibility criteria for an MNTC Foundation scholarship:

1. Enrolled in Home Health/Long-Term Care Aide Flex (HO 082) or Long-Term Care Nurse Aide Flex (HO 083) at Moore Norman Technology Center.
2. Demonstrate hardship or financial need.
3. Complete the scholarship form, including a support statement from the student's MNTC Program Coordinator or Career Advisor/Counselor.
4. Explain the need clearly and submit documentation of costs.

The award will be based on hardship/financial need. An applicant's need may be determined by available income, employment status, dependency status, or other factors.

Instructions:

Applicant must submit completed application (Sections I and II including a support statement) to their MNTC Program Coordinator or Career Advisor/Counselor. Notification of the award will be made to the applicant within two (2) business days after receipt of the completed scholarship form in the Superintendent's office. Students are required to pay balance due for the class to complete enrollment.

Please read each section carefully to ensure that all information is complete before returning the scholarship form.

Section I: To be completed by student

A. Student must complete Section I of the scholarship form.

B. Student should submit application to a Program Coordinator or Career Advisor/Counselor so they can complete Section II.

Section II. To be completed by Program Coordinator or Career Advisor/Counselor

A. Program Coordinator or Career Advisor/Counselor must complete Section II of the scholarship application.

B. A support statement by the Program Coordinator or Career Advisor/Counselor must accompany the scholarship form.

C. Forms are submitted by the Program Coordinator, Career Advisor/Counselor, or the student to the professional assistant in the Superintendent's/Administration office.

Section III. Foundation Use Only

A. Applications will be reviewed by the Superintendent, Associate Superintendent of Instruction, or MNTC Foundation representative.

B. Forms are delivered to the Foundation treasurer for check processing and letter of approval/denial.

C. Applicant will be notified within two (2) business days of approval/denial after receipt in the Superintendent's office.

D. The award check will be made payable to Moore Norman Technology Center. No payment will be made directly to the student.

THE
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FOUNDATION
INCORPORATED

Request for Scholarship Assistance

Section I. Student Information

Directions:

A. Student must complete Section I of the scholarship form.

B. Student should submit application to a Program Coordinator or Career Advisor/Counselor so they can complete Section II.

Date: _____

Select the class in which you are enrolled:

☐ Home Health/Long-Term Care Aide Flex (HO 082)

☐ Long-Term Care Nurse Aide Flex (HO 083)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____--_____ Email: _____

Have you applied for an MNTC Foundation Scholarship during this school year?

☐ No

☐ Yes

Describe hardship and reason for your request. (Maximum of $400.00 per class, HO 082 or HO 083)

_____

_____

_____

_____

_____

_____

_____

Section II. Teacher/Instructor or Coordinator Information

Directions:

A. Program Coordinator or Career Advisor/Counselor must complete Section II of the scholarship application.

B. A support statement by the Program Coordinator or Career Advisor/Counselor must accompany the scholarship form.

C. Forms are submitted by the Program Coordinator, Career Advisor/Counselor, or the student to the professional assistant in the Superintendent's/Administration office.

Student Name: _____

☐ Home Health/Long-Term Care Aide Flex (HO 082)

☐ Long-Term Care Nurse Aide Flex (HO 083)

Enrollment Date: _____

Support Statement:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(If needed, you may continue on the back of this page.)

Signature: _____ Date: _____

Section III. MNTC Foundation Use Only

Directions:

A. Applications will be reviewed by the Superintendent, Associate Superintendent of Instruction, or MNTC Foundation representative.

B. Forms are delivered to the Foundation treasurer for check processing and letter of approval/denial.

C. Applicant will be notified within two (2) business days of approval/denial after receipt in the Superintendent's office.

D. The award check will be made payable to the school or vendor. No payment will be made directly to the student.

Scholarship award: ☐ Approved ☐ Denied Amount: _____

_____ _____

Signature of Superintendent, Associate Superintendent of Instruction, or MNTC Foundation Representative

Date

Check No.: _____ Amount: _____ Payable to: _____

Notes: