***2019 Workforce Tuition Scholarship Program***

**School Participation Form**

**School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City/St/Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We have read and understand the information regarding the **Workforce Tuition Scholarship** program and would like our students to be eligible. We agree that:

* Participation is no guarantee that the applicants will be selected.
* Scholarship applications are limited to three (3) per credential level in which your school is participating.
* The scholarship checks will be made out jointly to the student and to the school.
* If a student withdraws, all monies not used are to be returned to the Workforce Tuition Scholarship Foundation. If the participating school is no longer an OMACCS member, the funds will be forfeited.
* Scholarship recipients must use all the funds awarded within two-years of the award date.

Please indicate scholarship areas in which you wish to participate, and payment must be received on/or before **June 21, 2019**.

1. Certificate Program School - **$50.00** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Diploma Program School - **$100.00** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Degree Granting College - **$200.00** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAY BY CREDIT CARD: Please call the office at 614-487-8180**

**REQUEST AN INVOICE:**

Please print legibly and email invoice to:

**Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Student information & Scholarship Applications will be mailed to your Campus upon receipt of your participation fees***.

**Chief Campus Administrator Admissions or Financial Aid Director**

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(Print) (Print)

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(Signature) (Signature)

**Submit to**: OMACCS, 2109 Stella Court, Suite 125, Columbus, OH 43215 or Email: [ktrofholz@omaccs.org](mailto:ktrofholz@omaccs.org)

PH: 614-487-8180; FAX: 614-487-8190