



Asher Advantage Scholarship Application

Please complete this application as a part of the enrollment process for Asher College.

Note: All applicants will be notified of a decision prior to enrollment.

Name: _____

Phone Number: _____ E-mail Address: _____

Admissions Advisor: _____ Campus: _____

Program of Interest: _____

The Asher Advantage Scholarship was created for students who are eligible per the list below. Please check the appropriate category for which you are applying

(check all that apply):

- ____ Military / Veterans Service Scholarship
- ____ Single Parents Scholarship
- ____ Returning Adult Student Scholarship Future IT Professionals Scholarship
- ____ Future IT Professionals Scholarship
- ____ Future Healthcare Professional Scholarship
- ____ Future Business Professional Scholarship
- ____ Displaced Workers Scholarship

By applying for the above Scholarships, I consent to:

- Have my name and year shared with the Award Donor.
- I understand that by accepting the scholarship I agree to the requirements of the program in respect to: attendance, satisfactory academic progress, completing the program and all parts thereof to the satisfaction of the Program Director and Campus Director.
- Should a scholarship be awarded, the amount will be applied to the tuition balance once **80%** of the program has been completed.



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In the space provided below, please answer the following questions then sign and date the bottom of the form.

1) Please provide a brief statement (if applicable) of financial need or other exceptional circumstances you would like us to consider. This statement is required for the need-based scholarship.

2) How will this scholarship help you achieve your career goals?

Signature _____ Date _____

Campus use only

Program: _____ Program Cost: _____

Source of Funds: _____ Scholarship Awarded: _____

Campus Director Signature Date