

The Concerned Citizens of Whitesboro, Inc.

Window of Hope
Tuition Reimbursement Program

Name: _____
Last Name First Name Middle

Address: _____
Street City State Zip Code

Day Phone: _____ Evening: _____

Email Address: _____ @ _____

Current Employer: _____

Marital Status: () M () S () D No. of Children at home: _____ Ages: _____

School/College/University attending: _____

Certification/Program enrolled in: _____

Financial Information:

List other financial aid (i.e., prizes, grants, scholarships) \$ _____

List other tuition reimbursements received \$ _____

Cost per credit \$ _____

List total number of credits: _____ x \$ _____ cost = \$ _____

Total out-of-pocket cost (tuition, books, etc.) \$ _____

Additional Requirements:

Proof of payment for current semestertuition/expenses.

Previous college or university transcript/s or recent grades/GPA.

Proof of present acceptance in college/university/trade program.

Two letters of recommendation with names, addresses and contact phone numbers.

A typed statement of purpose for applying for scholarship, including expected time frame for degree/certification completion.

Completed applications must be returned to:

The Concerned Citizens of Whitesboro, Inc.
PO Box 412
Whitesboro, NJ 08252

For questions or additional information please contact (609) 463-8988