

# CONCERNED CITIZENS OF WHITESBORO, INC.

## *Window of Hope*

### Tuition Reimbursement Plan

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Marital Status: ( ) M ( ) S ( ) D No of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

School/College/University attending: \_\_\_\_\_

Certification/Program Enrolled in: \_\_\_\_\_

#### **FINANCIAL INFORMATION**

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

List other tuition reimbursement received: \$ \_\_\_\_\_

Cost per credit: \$ \_\_\_\_\_

Total number of credits: \_\_\_\_\_ x \$ \_\_\_\_\_ cost = \$ \_\_\_\_\_

Total out of pocket cost (including tuition, books etc.). \$ \_\_\_\_\_

#### **ADDITIONAL REQUIREMENTS**

Proof of payment for current semester tuition/expenses.

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

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

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

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

Mail or Email Application To:

**Concerned Citizens of Whitesboro, Inc.**

**PO Box 412**

**Whitesboro, NJ 08252**