

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