

**ROBERT BRANDT ADULT EDUCATION
SCHOLARSHIP APPLICATION**

Name: _____ **Phone:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Vantage Program you completed your Junior and Senior Year:

Home School: _____

The Vantage OTC Program you are enrolling in: _____

Type of Certification/Degree you plan to obtain after completion of this program, if applicable:

Please list any other scholarship(s) you have applied for and indicate whether or not you have received any scholarship monies:

Name of Scholarship	Amount	Check if Received

Please list any financial assistance you expect to receive: (Federal Financial Aid, Ohio Means Jobs):

Employment (List the most recent first):

Job or Kind of Work	Employer	Dates of Employment	Hours per Week

Community and Volunteer Activates:

Kind of Work	Agency or Organization	Years Involved	Special Awards

List three References (No more than one family member may be given):

Name:	Name:	Name:
Address:	Address:	Address:
City, State, Zip:	City, State, Zip:	City, State, Zip:
Phone:	Phone:	Phone:
Relationship:	Relationship:	Relationship:

In what way would money from this scholarship help pay the cost of your education?

(2-3 sentences) _____

Are there special financial or other circumstances, if any, that the committee should take into consideration when reviewing your application? _____

ESSAY: Attach a typed, double-spaced, well-written essay of at least one page length and include the following:

- **Explain your educational and career goals and how you have prepared for these goals.**
- **Explain how Vantage played a part in preparing you for these goals-please include how you overcame any academic challenges, if applicable.**
- **Explain, in detail, why you feel you should receive this scholarship.**

Please return completed application to the Ohio Technical Center at Vantage Career Center