



CAREER AND TECHNICAL EDUCATION APPLICATION

Knox County Foundation Career and Technical Education (CTE) Scholarship are available to residents of Knox County who are attending, or will attend, an occupational training program of two years or less at an accredited vocational school, technical school, community college, or junior college. **DO NOT USE THIS APPLICATION FOR ASSOCIATES DEGREE (OR HIGHER) PROGRAMS.**

To be eligible, applicants must:

- **Be a Knox County resident**
- **Complete and sign this application in full**

**COMPLETED APPLICATIONS ARE DUE BY 4:00PM ON:
JANUARY 15TH APRIL 15TH JULY 15TH OCTOBER 15TH**

Return completed applications to:

Mail:
Knox County Foundation
PO Box 309
Mount Vernon, OH 43050

In Person:
Knox County Foundation
101 E. Gambier Street
Mount Vernon, OH 43050

Email:
Kara Ernsberger
Program Coordinator
kara@knoxcf.org

Full Name:		E-mail:
Address:		City, State, Zip:
Phone: ()	DOB: / /	Last 4 of SSN:

Previous Education

High School:

College:

Program Information

School:	
Program:	
Cost of Program:	\$
Start Date	
Program Status:	applied / accepted / enrolled / plan to apply wait listed

Questions

Have you received this Knox County Foundation CTE scholarship before?

Yes

No

How do you plan to pay for your education? (Grants, savings, loans, working, etc.):

What are your goals in the next 5-10 years? What do you hope to do upon completion of the program? (For example, where do you hope to live and work?):

Why do you need this scholarship and how would receiving it impact the achievement of your goals?

I certify that all information provided is true and accurate. I authorize the release of my educational records including name, student ID, contact information, enrollment, completion, licensure, and job placement details from my school to the Knox County Foundation as needed to verify scholarship eligibility, enrollment, and outcomes. I also give the Foundation permission to use my name, school, and program information in its reports or publications related to this scholarship.

Agree Disagree

Applicant Signature: _____

Date: / /

Parent/Guardian Signature (if under 18): _____

Date: / /