



CONTINUING EDUCATION PROGRAM APPLICATION

(Please Print or Type & fill in all blanks)

Name: (Last) _____ (First) _____ (Middle) _____

Address _____

Street/PO City Zip _____

Email _____

Home Phone _____ Cell Phone _____

Department at POA _____ Full or Part time _____

Job _____

Married/Single _____ Number of Dependent Children/Ages _____

Financial Aid/Scholarships/Loans & Amounts: Have you or are you applying for any other loans, financial aid, scholarships, or grants in addition to that offered by VEBF: ___ Yes ___ No. If yes, to whom and in what amount? _____

Educational Degrees: When and from what high school did you graduate _____
_____. If you attended or graduated from college, please indicate name of college, course of study, degree and date _____

What College/Technical School will you be attending: _____

Major _____ or Certification _____

Attachments that must accompany this application

1. A 1–2-page letter telling us about your career goals, financial needs, challenges in your life and any other reasons why you would be a deserving recipient. 2. A letter of recommendation from your POA supervisor.

By signing below, I give permission for this application to be released to the VEBF Continuing Education Program Committee. I also grant VEBF permission to use my name and/or biographical information in any media avenues that are used for the purpose of promoting or advertising the VEBF educational opportunities.

Applicant Signature _____ Date _____