A-B TECH WORKS SCHOLARSHIP
RE-TRAIN AND GET RE-EMPLOYED

A-B Tech Community College

Scholarship Application

Please complete and return to the Financial Aid Office in the Asheville Campus Bailey Student Services Building or e-mail to FinancialAidOffice@abtech.edu . Unemployment benefit verification must also be included with this application. You must complete a curriculum student application or be a current student **and** complete or have completed the FAFSA Financial Aid Application.

Scholarships will be available on a first-come-first-served basis once the application and FAFSA applications are received and unemployment verification is complete. If you are approved for a scholarship, once you register your award will be added to your account. You must register for a minimum of 6 curriculum credit hours to be eligible for an award. We will contact you via phone or your student e-mail should we have any questions or need additional information. Please check your student e-mail regularly for updates. Thank you.

Personal and Educational Information

A-B Tech Student ID# _____

_____   _____   _____
Last Name   First Name   Middle Name

_____   _____   _____
Current Street Address   City/State   Zip Code

_____   _____   _____
Phone Number   Email   Major/ Program

I plan to enroll as a **Part-Time/Full-Time** student (circle one) **Full-Time**= 9+ credit hours; **Part-Time**= 6- 9 credit hours (circle one)

I have completed a curriculum College application online or in paper copy submitted to the Admissions Office?

(required to be eligible for scholarship) **Yes / No** (circle one)

I have completed the FAFSA Financial Aid Application **Yes / No** (circle one)

I have applied for or am receiving unemployment benefits due to COVID-19 related job loss or reduction in wages due to COVID-19. (required to be eligible for scholarship) **Yes / No** (circle one)

I have provided documentation of this as part of this scholarship application (required to be eligible for scholarship) **Yes / No** (circle one)

Signature _____   Date _____

Office Use Only			
Scholarship Amount Awarded:		**Date Awarded:** **Approved By:**	