



**SCHOLARSHIP APPLICATION
FOR TJC DEMENTIA CARE CERTIFICATE**

Please select the course that you are interested in:

February 15 7:30am – 2:30pm

April 4 7:30am – 2:30pm

May 16 7:30am – 2:30pm

I. PERSONAL INFORMATION

Name: _____ Gender: M ___ F ___ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Alternate Phone Number: _____

E-mail Address: _____

II. YOUR EDUCATION

High School Attended: _____ Graduation date/GED: _____

College/University: _____ Expected date of graduation? _____

Course of Study (Major/Program): _____ Enrolled as a full-time student? Yes / No

Have you made a decision about your future career interest or occupation? Yes / No

If Yes, specify: _____

III. PREVIOUS RELATED COURSEWORK, CERTIFICATIONS, WORK EXPERIENCESACTIVITIES, AND CONTINUING EDUCATION: List any previous experience, training and work history, from the past three years, that is related to the Dementia Care Certification program.

IV. ESSAY QUESTION:

Tell us why the Dementia Care Certificate program is important to you.

Signature of Applicant: _____ Date: _____

I understand that if I receive a scholarship, I will be able to participate in the full 7 hours of the Dementia Care Certificate class at Tyler Junior College. I am making a commitment to arrive on time for the session and to participate fully in the class. If I am unable to attend, I acknowledge that I must provide 24 hour notice and reschedule for the next available course, or I will be responsible for the full tuition of \$163.

Please send this completed application form to the address, email or fax number listed below. All applications must be received at least 15 days prior to the course start date.