

MAACCE Regina L. Milio Scholarship Fund Application Maryland Association for Adult Community and Continuing Education

Please print clea	arly			
Name				
Last		First	Middle	
Home Address	3			
	Street		City & Zip Code	
Phone		Email		
Signature of A	Applicant	Social S	ecurity No.	
Local Adult Education Program from which you are receiving the award:				
Date and Sco	re GED Tests:	Mathematical Rea	soning	
Reasoning Through Language Arts				
Science Social Studies				
Secondary Education School (College or Technical School) to which you have been accepted.				Date of Acceptance
Name:				
Address:				
Phone:				

Signature of Sponsoring Local Adult Education Program Director and Date

Submit this completed application packet with correct signatures: Page 1 Signed by applicant and local program director; Page 2 – Statement signed by applicant; Page 3 – Signed by sponsor. Mail the application packet <u>postmarked</u> by March 15 to:

For Office Use Only: *Applicant No:*

Michelle Frazier Division of Workforce Development & Adult Learning Maryland Department of Labor, Licensing & Regulation 1100 North Eutaw Street Baltimore, Maryland 21201

MAACCE Regina L. Milio Scholarship Fund Maryland Association for Adult Community and Continuing Education

Applicant:

What has motivated you to pursue post-secondary education? (Additional pages may be used)

What career program or course work are you pursuing (i.e., nursing, computers, business, etc.)?

How many courses/credits are you currently taking or will be taking?

What do you plan to do upon completion from the program?

Applicant's Signature

MAACCE Regina L. Milio Scholarship Fund Maryland Association for Adult Community and Continuing Education

Statement of Sponsor

Name of Applicant:
Local Adult Education Program:
Address:
Zip code:
County:
In your opinion, what is the applicant's potential for success in a post-secondary education or training program?

Signature of Sponsor

Phone Number