



**SCHOLARSHIP APPLICATION  
FOR TJC DEMENTIA CARE CERTIFICATE**

**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. For questions, please call 903-509-8323. All applications must be received at least 15 days prior to the course start date.