



Dear Applicant:

Thank you for your interest in the Adult and Community Education Scholarship Program. The scholarship program is designed for low income adults living or working in Fairfax County who wish to take an adult education class to enhance their job skills or attain high school credentials.

We have a limited number of \$100 scholarships available and many requests. The application process allows us to serve those with the greatest need. Applications are accepted on an on-going basis and should be submitted as soon as possible so that you may be considered for the career of your choice. Students must meet income guidelines, be at least 18 years of age, and be eligible to work in the United States.

Once your application has been received, you will be notified as soon as a decision has been made regarding your scholarship application. Until then, if you have any questions, please call one of our student services offices.

**Bryant Adult Center**  
2709 Popkins Lane  
Alexandria, VA 22306  
703-660-2065 / 703-660-9386 (fax)

**ACE Herndon Learning Lab**  
416 Elden Street  
Herndon, VA 20170  
703-707-9817 / 703-707-9353 (fax)

# ACE SCHOLARSHIP APPLICATION

Date \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Gender: F \_\_\_ M \_\_\_

Are you 18 years of age or older? Y \_\_\_ N \_\_\_

## EDUCATION AND TRAINING

Have you completed high school? Y \_\_\_ N \_\_\_

If no, indicate the last grade completed: \_\_\_\_\_

College degree earned:

Degree \_\_\_\_\_

Major \_\_\_\_\_

Are you actively seeking employment? Y \_\_\_ N \_\_\_

Are you working and looking for a better job? Y \_\_\_ N \_\_\_

Occupation(s) desired: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently enrolled in any Fairfax County or Workforce Investment Act (WIA) training/education program (including SkillSource)? Y \_\_\_ N \_\_\_

## CITIZENSHIP

Are you a U.S. citizen? Y \_\_\_ N \_\_\_

If non-U.S. citizen: Nationality: \_\_\_\_\_

What is your status in this country? \_\_\_\_\_

Veteran? \_\_\_ Branch \_\_\_\_\_ Discharge Date \_\_\_ / \_\_\_ / \_\_\_

Date of arrival in U.S.: \_\_\_ / \_\_\_ / \_\_\_ Alien #: \_\_\_\_\_

What document do you have to show your eligibility to work in this country? \_\_\_\_\_

## SCHOLARSHIP INFORMATION

Why are you requesting an ACE Scholarship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Class in which you want to enroll: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously applied for or received tuition assistance from the Adult and Community Education? Y \_\_\_ N \_\_\_

If yes, please describe briefly: \_\_\_\_\_  
\_\_\_\_\_

Please list any career development, high school completion, or apprenticeship course(s) you have taken with ACE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Student Services Offices:**

Bryant ACE Adult Center  
2709 2709 Popkins Lane  
Alexandria, VA 22306  
703-660-2065

ACE Herndon Learning Lab  
416 Elden Street  
Herndon, VA 20170  
703-707-9817

### *FOR OFFICE USE ONLY [2709]*

Date Received \_\_\_\_\_

Date Interviewed \_\_\_\_\_

Counselor \_\_\_\_\_

Action Taken \_\_\_\_\_

**WORK HISTORY**

Current or Last Employer: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

City and State or Country: \_\_\_\_\_ , \_\_\_\_\_

City and State or Country: \_\_\_\_\_ , \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Duties: \_\_\_\_\_

Wage/salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Wage/salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Hours per week: \_\_\_\_\_ Benefits? Y \_\_\_ N \_\_\_

Hours per week: \_\_\_\_\_ Benefits? Y \_\_\_ N \_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

**NOTE: The names of Adult and Community Education (ACE) scholarship recipients and the ACE programs in which they are enrolled may be included in ACE materials (press releases, articles, announcements, course catalog, etc.) for publicity purposes. Please initial \_\_\_\_\_.**

**FINANCIAL INFORMATION**

List the monthly amounts of your sources of financial support other than employment:

Spouse's income \$ \_\_\_\_\_

Parental Support \$ \_\_\_\_\_

TANF \_\_\_\_\_

Food Stamps \_\_\_\_\_

VOC REHAB/Disability \_\_\_\_\_

Social Security \_\_\_\_\_

Child Support \_\_\_\_\_

Alimony \_\_\_\_\_

Workers Compensation \_\_\_\_\_

Unemployment \_\_\_\_\_

Retirement \_\_\_\_\_

Hourly Wage/Salary \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Please list everyone who lives in your household, including yourself:

NAME	RELATIONSHIP	AGE	MONTHLY INCOME

***I certify that the information on this application is accurate and complete:***

\_\_\_\_\_ (Print Name) \_\_\_\_\_ Date

\_\_\_\_\_ (Signature) \_\_\_\_\_ Date

**Fairfax County Public Schools  
Adult and Community Education  
Student Services**

**PRIVACY STATEMENT**

Some of the information which the Student Services Office requires is for state reporting and statistical purposes. Most of the requested information is to assist us in counseling you or in helping you with your training and career planning needs. Thus, the information you provide is vital for fulfilling the objective of this program; every effort is made to safeguard the confidentiality of this information.

We do ask that you consent to our discussing your educational progress, if needed, with instructors and/or educational program specialists. Your counselor may also consult with other educational counselors.

If you are seeing other professionals (social workers, counselors, employment specialists, etc.) who might be interested in following your training progress, you must notify them and provide him/her with your consent for exchange of information (if appropriate). If you are currently receiving treatment from a mental health professional, it is important that you discuss your involvement in Adult and Community Education with that person.

You should be aware that the legal and ethical standards require that confidentiality be breached in situations of clear and imminent danger to yourself or another person, child or elder abuse or neglect, or by court order.

\_\_\_\_\_ (*Print Name*) \_\_\_\_\_ *Date*

\_\_\_\_\_ (*Signature*) \_\_\_\_\_ *Date*