

*The*  
*Angola Vocational Training*  
*Initiative Scholarship*

*Established in 2015 by the City of Angola through the distribution of CEDIT (County Economic Development Income Tax) monies, this scholarship is intended to provide funding to those individuals that want to learn a skill that would provide greater income and job security.*

# *Angola Vocational Training Initiative Scholarship*

Held by the Steuben County Community Foundation

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## **Requirements**

- The applicant must be a Steuben County resident
- The applicant must have a high school diploma or high school equivalency.
- The applicant must have two (2) years of work experience. Experience obtained during high school will be considered.
- The applicant must desire to become certified by a national body in any of the areas identified by the 2015 Steuben County EDC Training Needs Assessment **OR** wish to obtain a certification required for professional advancement at their current Steuben County employer **OR** desire to become certified in a skill that is currently being hired by a Steuben County Employer.
- The applicant must agree to work in a position which they are certified, for a period of 18 months at an employer in Steuben County, Indiana

## **Selection Process**

- Selection is made by the Steuben County Community Foundation Board of Directors

## **Award**

- The Award, if for a maximum of \$3,500.00.
- One time award. Award would include tuition and the first attempt at a certification exam/test.
- The scholarship will be paid directly to the educational institution to be deposited into the recipient's account.

## **MISCELLANEOUS**

- The scholarship may be used for tuition and certification exam/testing only.
- Student is responsible for books, supplies, child care, transportation, or other school-related expenses.
- If the student fails to attend as planned, the educational institution will be instructed to return the scholarship money to the Steuben County Community Foundation to be deposited in the Angola Vocational Training Initiative Scholarship, or an alternate could be awarded the scholarship.
- Modifications to the criteria above can be made at the request of, and with the approval of the City of Angola.

# Angola Vocational Training Initiative Scholarship

## Scholarship Application

### Applicant Information

*Please print and complete the application*

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell/Phone No.: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

1. Are you at least 18 years of age? Yes \_\_\_\_ No \_\_\_\_
2. Are you currently a fulltime resident of Steuben County? Yes \_\_\_\_ No \_\_\_\_
  - a. Do you live in the City Limits of Angola Yes \_\_\_\_ No \_\_\_\_
3. How many years have you resided in Steuben County? Year(s) \_\_\_\_\_
4. Do you have two (2) years of work experience? Yes \_\_\_\_ No \_\_\_\_
5. Please list your most recent two (2) years of work experience:

<i>Employer</i>	<i>Position</i>	<i>City/State</i>	<i>Start Date / End Date</i>

6. Have earned a High School Diploma or HIGH SCHOOL EQUIVALENCY? Yes \_\_\_\_ No \_\_\_\_  
*Completion/Graduation Date?*

<i>School Name</i>	<i>City/State</i>	<i>Course of Study</i>	<i>Completion/Graduation Date?</i>

7. Do you plan to become certified in one of the areas identified by the Steuben County EDC Training Needs Assessment Survey? Yes \_\_\_\_ No \_\_\_\_
  - a. Which certification do you plan to complete?

<input type="checkbox"/> APICS Certified Production & Inventory Mgt.	<input type="checkbox"/> MSSC Production Technician
<input type="checkbox"/> ASQ Green Belt or Black Belt	<input type="checkbox"/> NIMS CNC Machinist
<input type="checkbox"/> AWS Welder	<input type="checkbox"/> QuickBooks Office Technician
<input type="checkbox"/> ISCET Certified Electronic Technician	<input type="checkbox"/> SMRP Cert. Maintenance & Reliability Tech

MCCS Logistics Technician

Other\*

*\*please complete additional questions below*

*\*If you selected Other, please answer the following:*

8. Name of the certification you plan to complete:

\_\_\_\_\_

a. Please identify the national organization issuing this certification

\_\_\_\_\_

b. Please identify the Steuben County employer hiring individual with this certification:

\_\_\_\_\_

9. Is this certification required by your current employer for promotion or pay increase?

Yes \_\_\_\_\_ No \_\_\_\_\_

a. Is your current employer located in Steuben County?

Yes \_\_\_\_\_ No \_\_\_\_\_

### **Institution Information**

Which educational institution will you be attending to receive this training?

Institution: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email address: \_\_\_\_\_

### **Course Information**

What date will the course begin? \_\_\_\_\_

What is the cost of the course? \_\_\_\_\_

What is the cost of the certification exam/test? \_\_\_\_\_

### **Additional Requirement**

A requirement of accepting this scholarship will be to work in a position, in Steuben County, that you been certified for a period of 18 months following the completion of the course.

Are you willing and able to commit to this requirement?

Yes \_\_\_\_\_ No \_\_\_\_\_

### **Attachments**

1. Please attach an essay to this application - the essay may be one page to answer the question(s), "*Why are you pursuing a certification in this skill?*"

**CERTIFICATION**

I certify that all the information on this form is true and complete to the best of my knowledge. If asked by the Steuben County Community Foundation, I agree to give documentation for information given on this form. Further, I certify that I meet the intent of the scholarship fund for which I have applied as stated in their guidelines.

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Applicant Signature

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Date