Lifelong Learning Scholarship Application

College of DuPage Continuing Education is dedicated to serving the educational needs of all COD district residents. Limited scholarship funds are available to assist lifelong learners who choose to participate in Continuing Education programs. The majority of these funds are provided by the **College of DuPage Foundation.** Individuals who wish to contribute to this fund are encouraged to contact Continuing Education at (630) 942-2208 or ce@cod.edu.

Available funds for these programs, per term are as follows: $200 maximum per household. Individuals must re-apply each term. Scholarships are dependent upon funding availability.

Eligible individuals must satisfy the following criteria, in addition to submitting a completed application:
- Must be 50 years of age or older
- Must include a written statement describing why scholarship funds are being requested

Section I: Personal Information

_____

Student   Student ID #   Date of Birth

_____

Address   City   State   ZIP

_____

Home Phone   Email

Section II: Class Information

Please list the class or training program for which you plan to register. All fields below must be filled in order for your application to be considered:

Term: ☐ Spring   ☐ Summer   ☐ Fall

Course Title: _____   Section Number: _____   Course Fee: _____

Please note: If your application is approved and the course chosen is unavailable, you will be given the option to choose another course in the same term.

Section III: Written Statement

Please provide a brief statement about why you are requesting Continuing Education scholarship funds.

_____

_____

Are you able to contribute a portion of the funds for your course?   ☐ Yes   ☐ No   If yes, what amount?_____

Section IV: Certification

I certify that this is my permanent, legal address and that all information is true and correct to the best of my knowledge.

_____

Signed (Student)   Date

Please return this application to:
College of DuPage
Continuing Education, SRC 1110
425 Fawell Blvd. • Glen Ellyn, IL 60137
Attn: Continuing Education Scholarships

(Continued)

Lifelong Learning Scholarship *(continued)*

Date Reviewed: _____   Date Approved: _____   Initials: _____

Date Funds Applied: _____   Initials: _____

Student Registered: ☐ Yes ☐ No   Initials: _____

Student Payment Processed: ☐ Yes ☐ No   Initials: _____

Please return completed form to Scholarship mailbox.