

# ***Choggiung Educational Endowment Foundation***

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## **Career/Work Enhancement Scholarship Application**

### **SCHOLARSHIP INFORMATION**

***The purpose for this scholarship is to provide assistance to Shareholders who wish to enhance their employability. Enhancement can be for the purpose of gaining knowledge or skills to get a job, change jobs or for enhancing skills in a current job.***

Eligible individuals include any Choggiung Ltd. Shareholder who is at least 18 years of age or a high school or GED graduate. Scholarships shall not exceed the amount necessary for tuition or registration fees for a particular class, workshop, or event. Applicants may apply more than one time per year, however, in no case will an applicant be awarded more than \$500 per year in Enhancement scholarships. The scholarship shall be paid directly to the organization or institute.

In order to be eligible, Applicants must:

- ☐ provide a completed scholarship application including: summary of cost of the event (See Financial section) and employer reference(s) if appropriate (See Reference section),
- ☐ provide a statement/letter of interest that includes applicant's intentions and information that demonstrates that the class, workshop, training event or activity will enhance their employability or career goals
- ☐ written proof of admission or access to the class, workshop, training event or activity.

Selection of successful applicants will be made according to the criteria established by the Choggiung Educational Endowment Foundation Board of Directors including the criteria listed above as well as past scholarship history, work history, references and recommendations, financial need and conclusions as to the applicant's motivation, character, ability, potential, goals and expectations. Note that the criteria are not listed in order of priority or emphasis.

**There is a limited amount of funding available for Enhancement Scholarships. Scholarships will be awarded until the fund is depleted for each fiscal year (Oct. 1 to Sept. 30). At that point, no further applications will be accepted for that fiscal year.**

## GENERAL INFORMATION

Applicant Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Are you related to any of Choggiung Board of Directors?: Yes / No If yes, name of director(s) and relation? \_\_\_\_\_

## TRAINING/EDUCATIONAL PLANS

Name of class or event that you plan to attend: \_\_\_\_\_

Name of host or educational institute: \_\_\_\_\_

Address of host or educational institute: \_\_\_\_\_

Expected Dates of Attendance: \_\_\_\_\_ Location of Class or Event: \_\_\_\_\_

Title of Degree/Certificate anticipated: \_\_\_\_\_

## CAREER/EMPLOYMENT INFORMATION

Current Employer: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

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

(may attach job description if desired)

## EDUCATIONAL HISTORY

### **High School**

Name/Address: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ Date of graduation: \_\_\_\_\_ or date of GED \_\_\_\_\_

### **Post Secondary**

Name/Address of Institution: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Graduated: \_\_\_\_ Yes \_\_\_\_ No

Field of Study: \_\_\_\_\_

Title of Degree/Certificate received: \_\_\_\_\_

## Financial

Tuition/Registration fees	_____	(Allowable CEEF Scholarship category)
Books/Supplies/Equip	_____	(Allowable CEEF Scholarship category)
Other expenses (list):		
Daycare	_____	(Student Responsibility)
Transportation	_____	(Student Responsibility)
	_____	(Student Responsibility)
<b>Total</b>	<b>\$</b> _____	

Scholarships/Grants/Loans applied for (whether received or not): \_\_\_\_\_

What assistance will your employer provide? (i.e. paid leave to attend class, tuition assistance, reimbursement of expenses after class completion, etc.) \_\_\_\_\_

Will your attendance at the class or event hinge on receipt of a CEEF Scholarship?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

## References

### Employer reference may be provided

If currently employed or if employment is pending the completion of the event applied for in this application, provide the following information. Your employer or supervisor may provide a statement to support the need for the class or activity and how it will enhance your employability, knowledge or skills. Use this section or attach a letter.

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

\_\_\_\_\_  
Supervisor/Employer Signature

\_\_\_\_\_  
Date

## Signature & Date

I certify that the information provided is accurate to the best of my knowledge and understand that providing false or misleading information may result in the rejection of this or future applications. My signature also provides permission to Choggiung Limited d.b.a. Choggiung Educational Endowment Foundation to contact references, employers, co-workers, students and/or staff of educational institutes listed on my application concerning myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Attach:**      **a. Applicant Statement/Letter of Need**  
                    **b. Proof of Acceptance**