



## Permian Strategic Partnership Scholarship Application

Thank you for your interest in applying for the Permian Strategic Partnership Scholarship. If eligible for and awarded the \$4,150 scholarship, you will need to register and either pay the remaining tuition or make arrangements to pay (where applicable) prior to starting your selected course. In order to be considered please have copies of your most recent tax return as proof of how many people are in your household and a paycheck stub. If a recipient does not accept the scholarship award within seven (7) business days of notification and register for the course the offer will be withdrawn. Scholarship recipients will be formally notified by the Continuing Education Department by letter or email.

Submit your completed application and registration form to: Odessa College, Continuing Education, 201 W. University, Odessa, TX 79764 or fax it to 432-335-6667. If you need assistance completing this form, call 432-335-6580.

Student's Last Name First Name Middle Initial Referred by: Name or Organization

Social Security Number or OC ID Number Date of Birth (MM/DD/YYYY)

Address Street City State Zip

Telephone Number (must be current) Email Address (frequently checked)

Name of Program or Course(s) for which funds are requested

Program/Course Start Date(s) Tuition Amount

Household monthly income (from tax return) Number of for whom you are financially responsible (from tax form)

Is anyone or an organization assisting with payment for this class? Yes No What amount?

Are you a ☐ New or ☐ Returning student? (check one)

Please explain (a) your interest in the course and/or program you have chosen, (b) your professional goals, if applicable, and (c) why you feel OC should award you a scholarship.

Scholarships will be offered on need. Please ensure you explain this fully include any extenuating circumstances.

I certify that the information on this application is correct and complete. I understand that if I am awarded a scholarship and do not use it within the required time, I forfeit it. I would therefore have to reapply and this will be based on availability. By accepting this scholarship, I pledge my commitment to complete the program.

Signature of Applicant Date

For office use only:-	Initials	Date
Date received		
Pay-stub confirmation		
Income Tax confirmation		
Dept. Director Approval		
Reviewed by		
Student Notified by		
*Where an applicant does not have the required documentation please refer directly to a Director.		

**Confirmation Process:**

Program/Class Cost \_\_\_\_\_

Income \_\_\_\_\_

Scholarship Amount \_\_\_\_\_

Student Responsibility \_\_\_\_\_

Additional Notes: