

# THE COLONNADE RESIDENT SCHOLARSHIP APPLICATION

Revised September, 2023

Scholarship applications will be accepted by The Colonnade Human Resources Coordinator according to the following deadlines:

April 1: Scholarship payments to be paid May, June, July, August

August 1: Scholarship payments to be paid September, October, November

November 1: Scholarship payments to be paid December, January, February, March, April

## NOTES:

*If your application is for funding of college courses, you may request funds for:*

- *The **current or subsequent semester**. If you are applying for more than one semester, separate applications must be submitted for each semester.*
- *A **previous semester** as long as that semester occurred after your six-month initial wait period and a paid receipt is submitted.*
- *It is preferable that tuition payments be paid directly to the school before the semester begins.*

*Funding for other types of instructional programs may be requested for the entire program.*

*If an application is for an amount greater than **\$3,000**, two equal installment payments will be made; an additional application must be submitted to receive the second installment. An applicant may not receive more than **\$6,000** per 12-month period. All paid receipts must be submitted if tuition is to be reimbursed to the applicant.*

*Expenses for books, supplies, or equipment which are purchased separately may be reimbursed once PAID receipts have been submitted.*

Please answer each question, or write "N/A" if not applicable. Feel free to use additional sheets to provide complete responses to all questions. If you use additional paper to answer a question, indicate the question number.

## PERSONAL INFORMATION

DATE \_\_\_\_\_

1. Name \_\_\_\_\_  
Last First Middle

2. Address \_\_\_\_\_  
Street City/State Zip Code

3. Phone \_\_\_\_\_ Email \_\_\_\_\_

## WORK EXPERIENCE

4. Current position at The Colonnade \_\_\_\_\_ Start Date \_\_\_\_\_

Average number of hours worked per week (must be at least 15) \_\_\_\_\_

**NAME:** \_\_\_\_\_

Previous employment at The Colonnade or Sun Health, if

any \_\_\_\_\_

5. Other employment within the last 3 years. Enter most recent experience first.

Employer \_\_\_\_\_ Position \_\_\_\_\_

Period of Employment \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Period of Employment \_\_\_\_\_

**EDUCATION**

6. High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

7. Post High School education, if any \_\_\_\_\_

8. Post-secondary education degrees or certificates:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**EDUCATIONAL PROGRAM SPECIFIC TO THIS APPLICATION**

9. Type of program (i.e. vocational training, undergraduate instruction, etc.)

\_\_\_\_\_

10. Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

11. Time period and dates of instruction (summer, fall, spring) \_\_\_\_\_

12. Number of credit hours (if applicable) \_\_\_\_\_

**LONG-TERM EDUCATIONAL GOALS**

13. Degree(s) or certificate(s) sought \_\_\_\_\_

14. Length of program(s) \_\_\_\_\_

**NAME:**

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**SCHOLARSHIPS FROM OTHER SUN HEALTH RESIDENT COMMUNITIES**

15. Have you received a scholarship from the Sun Health communities Grandview Terrace or La Loma? \_\_\_\_\_ If so, when? \_\_\_\_\_ Amount \_\_\_\_\_

This pertains to our annual maximum award of \$6,000 per applicant.

If this is your first application for a scholarship, please submit an essay not to exceed 250 words. Present your chosen field and career goals, as well as any additional information you think may be beneficial to the consideration of your application.

Be sure to include your name, address, phone number, and date on the essay.

If you previously submitted an application, no essay is required.

The Colonnade Employee Scholarship Funds Request Form must be completed. All invoices from the institution, along with proof of acceptance into the program (**with the Student's name, address, ID number and date**), must be attached to this application. The invoice amount must match your Funds Request Form amount. Reimbursement to **the Student** may be requested when paid receipts are submitted.

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**Applicant's Signature**

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**Date**

If you have previous high school or college coursework related to your current educational program, please attach an official transcript/grade report of this course work.

**Submit completed application and transcripts** to The Colonnade Human Resources Coordinator.

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THE COLONNADE EMPLOYEE SCHOLARSHIP FUNDS  
REQUEST FORM Revised September, 2023

NAME \_\_\_\_\_

DATE \_\_\_\_\_

Please list the expenses for which you are requesting funds.

NOTE: If your application is for college courses, you may request funds for the current or a subsequent semester. (Tuition documents must include the student's name, address, student ID number, and date).

Books, supplies, or equipment that are purchased separately may be reimbursed when all PAID receipts have been submitted (Invoices and paid receipts must include the student's name, address, ID number, and date).

Attach a copy of the billing document showing monies owed per session. It should be printed on school letterhead for the following categories:

| <b><u>ITEM</u></b>  | <b><u>AMOUNT</u></b> |
|---|----------------------|
| TUITION:  | _____                |
| FEES: Out-of-pocket expenses, i.e. parking, ID, etc.                                      | _____                |
| BOOKS:  | _____                |
| SUPPLIES: Required to perform coursework,<br>i.e. cosmetology kit, automotive tools, etc. | _____                |
| <b>TOTAL AMOUNT REQUESTED:</b>  | _____                |

PAYBLE TO: \_\_\_\_\_

Checks may be paid directly to the institution, or to you as reimbursement for payments already made.

If you have any questions about how to fill out this form, please contact The Colonnade Human Resources Coordinator, at 623-276-3751.