



EYE CARE ASSISTANT SCHOLARSHIP APPLICATION

The ***Eye Care Assistant Scholarship*** will be awarded to two Wallace Community College (WCC) students enrolled in the WCC Eye Care Assistant non-credit training course.

Qualifications:

- Each scholarship will cover half the course fee for the WCC Eye Care Assistant non-credit course.
- Recipients must have completed the course application and met the course requirements for admission.
- Scholarships will be awarded based on application information and recommendation from the scholarship committee.
- In the absence of any qualified applicant, the scholarships will not be awarded.

Requirements:

Name _____ Student # _____
Last First Middle

Address _____
Street City Zip

Phone _____ E-mail _____

Paragraph outlining why you are interested in completing the Eye Care Assistant Program:

*** continued on next page ***

If you require any special accommodations under ADA, please let us know.



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Paragraph outlining financial need:

Paragraph outlining career plans:

I understand the qualifications and requirements of the scholarship and I affirm that the information I have provided is correct and complete to the best of my knowledge. To be considered for this scholarship, you must complete the Eye Care Assistant application.

Signature_____ Date_____

If you have any questions, please contact Amber Dunlap at 334.556.2414 or

adunlap@wallace.edu. *If you require any special accommodations under ADA, please let us*

know.