# A logo with white text  Description automatically generatedAdult Learner Short-Term Credential Application

## Guidelines

### What is the Adult Learner Scholarship?

### This scholarship is for non-traditional students who want to change their life for the better through education and training. The scholarship supports a range of training, including two- and four-year colleges and universities, completing a certificate and other non-degree programs, or attempting a self-directed learning experience with a clear goal.

### Who should apply for a short-term award?

You should complete this application if your program meets the following criteria:

1. Your program lasts one semester or less.
2. At the end of your program you will have a certificate or workplace credential, not a degree.
3. You will not need to renew your award to finish your program.

The short-term award will have a rolling deadline and applications will be considered as they are received. Please apply as soon as you are able before your program starts. Decisions may take several weeks. **NOTE: We cannot fund programs that have already started.**

**Who is eligible to apply?**

To be defined as a “non-traditional student,” you must meet ONLY ONE of the following criteria:

* be over the age of 25 or
* work full-time (35 hours/week or more) while being enrolled or
* have dependents other than a spouse or
* be financially independent from parents and/or considered independent for FAFSA purposes or
* did not receive a standard high school diploma (completed with a GED, HiSET, or certificate of completion) or
* have delayed enrollment in college after high school for a reason other than a gap year activity.

You may apply for this scholarship if you are enrolled full-time or part-time. **Important: Unless you are asking for support for a self-directed learning experience, your program must be accredited by a nationally recognized accreditation agency.**

**How much are scholarships and who receives awards?**

The scholarships are up to $1,500, depending on individual need. When they make decisions, the scholarship committee looks for financial need, preparation to enter the training program, a solid goal and a plan to succeed.

**What preparation is required?**

We know that people who seek out help before entering a training program are more likely to succeed. We strongly recommend preparing for your program by talking with your local Career Center, Maine Educational Opportunity Center, Adult Education center, Finance Authority of Maine College Access counselor, or other workforce advisor. They will help you find the best program for your goals and could help you save time and money.

If you have any questions about the Adult Learner Short-Term Credential program, student eligibility or the application, please contact **Jackie Shannon** at jshannon@mainecf.org.

# Adult Learner Short-Term Credential Application

### Contact Information

|  |  |
| --- | --- |
| **Name:** |  |
| **Mailing Street Address or P.O. Number:** |  |
| **City:** |  |
| **State:** |  | **ZIP Code:** |  |
| **Phone:** |  |
| **Email Address:** |  |
| **Date of Birth:** | *Month:* |  | *Day:* |  | *Year:* |  |
| **Gender:** | ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose |
| **Please indicate how you identify yourself by checking one:** | ☐ American Indian or Alaskan Native☐ Arabic☐ Asian ☐ Black or African American☐ Hispanic or Latinx ☐ Native Hawaiian or other Pacific Islander☐ White☐ Multiracial☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ Prefer not to answer |

### US Armed Forces/Veteran Status

|  |  |
| --- | --- |
| **Have you ever served in the US Armed Forces?** | ☐ Yes: indicate branch and years of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ No |

### Education Plans

|  |  |
| --- | --- |
| **Name of Institution:** |  |
| **City:** |  |
| **State:** |  | **ZIP Code:** |  |
| **Have you been accepted already?** | ☐ Yes ☐ No |

### Education Plans *(continued)*

|  |  |
| --- | --- |
| **Is this an online program?** | ☐ Yes ☐ No |
| **What is the name of the training program?** |  |
| **What are the dates of the program?***Note: MaineCF cannot fund programs that have already started.* | *Start Date:* |  | *End Date:* |  | *Ongoing:* |  |
| **Enrollment type:** | ☐ Full-time ☐ Part-time |

### Past Education

|  |  |
| --- | --- |
| **Do you already have a college degree?** | ☐ Yes ☐ No |
| **If you already have a degree, list your collect, major, degree and year of graduation.** |  |
| **Did you graduate from high school?** | ☐ Yes; indicate year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ No |
| **If you did not graduate high school, did you complete your GED, HiSET or alternative diploma?** | ☐ Yes; indicate year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ No |

### Training Program Preparation

|  |  |
| --- | --- |
| **What steps have you taken to prepare for your training program? Please check all that are true for you.** | ☐ Maine College & Career Access/College Transitions through Adult Education ☐ Utilized other Adult Education resources☐ Talked with Maine Educational Opportunity Center (MEOC) or FAME advisor☐ Worked with a Career Center☐ Participated in an educational program during incarceration, release or reentry☐ Currently enrolled in college☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ No formal program |

### Work History

|  |  |
| --- | --- |
| **Are you currently employed?** | ☐ Yes ☐ No |
| **Name of Employer:** |  |
| **Your Position/Title:** |  | **Length of Employment:** |  |
| **Current Hours per Week:** |  | **Hours per Week While in School:** |  |
| **Does your employer provide tuition assistance?** | ☐ Yes ☐ No |
| **If yes, please explain.** |  |

### Training Program Costs

Note: MaineCF cannot pay for past educational efforts. We will not accept your application if you leave this section blank. Contact your program to find out costs.

|  |  |
| --- | --- |
| **Is this program eligible for federal financial aid?** | ☐ Yes ☐ No |
| **Cost of Tuition and Fees***Base cost of the training.* | $ |
| **Cost of Books and Materials** *Required equipment, such as tools or uniforms.* | $ |
| **Transportation***Estimate the cost of gas to attend training.* | $ |
| **Child Care***If necessary to attend training.* | $ |
| **Total Cost***Add the four lines above.* | $ |
| **Please list funds available to pay for this training, such as scholarships, employer tuition support or personal savings. If you have a financial aid letter, use it to help you estimate.** | $ |
| **Estimate your total monthly household income:** | $ |

### Personal Details

Please share with the Adult Learner Advisory Committee how your life will be different if you pursue this course of study. You may type directly into this document or attach another page.

|  |  |
| --- | --- |
| **What is your goal and why are you pursuing it? If you are pursuing a career change, or if you have a degree in a different field, please explain in detail why you are making this change.** |  |
| **Why have you chosen this particular training/licensing program as opposed to a different program?** |  |
| **Starting a new project or program will inevitably bring challenges; what challenges do you see ahead and how will you address those challenges? What is your plan to succeed?**  |  |
| **How will you meet the cost of this training program?** |  |

### Application Checklist

|  |  |
| --- | --- |
| **Please review this list and make sure you have taken care of all required parts.** | ☐ **Your contact information**: you gave us a mailing address, phone number and email address that you check frequently.☐ **Program information:** you told us what training or program you would like to do and gave us correct contact information.☐ **Your past education:** you fully answered the questions about what you’ve done in the past.☐ **You talked about your preparation:** you answered questions about your preparation process and gave contact information for the program.☐ **You told us about your employment history:** you told us where you are working now and how you plan to work while in school.☐ **You filled out the budget:** you estimated your costs and what funds you have available. ☐ **You told us about yourself:** you wrote a personal statement that answered all of the questions we asked. |

### Certifications

It is the responsibility of the applicant to ensure that all of the required items are submitted before the application will be considered.

I certify that all information on this form is true and complete to the best of my knowledge.

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

All applications must be complete to be considered. If information/materials are sent separately, the application will not be considered until all items are received. Please send to:

**Adult Learner Scholarship**
Maine Community Foundation
245 Main Street
Ellsworth, ME 04605