



**Delgado Community College**  
**Office of Workforce Development**  
**Scholarship Application**



Last Name:	First Name:	Student Id:
Email:		
Program:	Program Length:	Date course begins:
CIP:	Increment Key:	
Is the applicant a member of LHCC?		

**ELIGIBILITY REQUIREMENTS**

Completed by Workforce:

	Student confirms that they are working on their first degree or credential and do not have a Bachelor's or Associate's degree.
	Must have a balance owed to the college for tuition and fees; a student should not receive a refund check/direct deposit from this fund.
	Have a resource gap for tuition and fees after exhausting all resources excluding student loans, WIOA, and other financial resources.

Financial Needs:

Tuition, Fees, & Book Costs (WF)		Other Financial Resources (WF)	
Tuition & Fees	\$		\$
Book Costs (charges directly to students)	\$		\$
	\$		\$
	\$		\$
Total	\$	Total	\$

Workforce Signature/ Program manager	Date
Workforce Signature/ Director	Date