

Adult/Nontraditional Scholarships 2023

Hamilton Community Foundation (OH)

Introduction

The Hamilton Community Foundation is pleased to be able to provide scholarships for adults returning to college. An adult (non-traditional) student is defined as someone at least 25 years of age returning to pursue an undergraduate post-secondary degree. *This could be a college, university, trade school or apprenticeship. If you are pursuing a law degree or going to medical school, please apply through the "Current College" page on our website.*

To be eligible, you must:

- reside in the Greater Hamilton, Ohio area
- attend an accredited technical school, college or university as a full time or part time student
- demonstrate financial need
- be seeking your first undergrad degree or trade certification

These Adult scholarships are for one year only. If you receive an adult scholarship, you may reapply each year through the Adult scholarship application. There is no deadline to apply. We will review on an ongoing basis.

Eligibility - Resident

Do you reside in the HCF service area - Hamilton, Ross, New Miami or Fairfield school districts?*

Choices

Yes

No

Not a resident

All scholarships are offered only to those that reside in the Greater Hamilton, Ohio area. Thank you for your interest in applying for scholarships at the Hamilton Community Foundation.

Applying for the first time

Date of Birth

Character Limit: 10

Is this the first time applying for the adult scholarships?*

Choices

Yes

No

Applicant Information

Gender*

Choices

Male

Female

Declined to state

Ethnicity*

Choices

African American

Alaska Native

Asian

Decline to State

Hispanic/Latino

Native American

Native Hawaiian/ Pacific Islander

Other

White/Caucasian

Marital Status*

Choices

Single

Married

Divorced

Widow

How many are in your household? (including student)*

Character Limit: 250

How many members in household currently attending college? (do not include student)*

Character Limit: 250

Are you the head of the household?*

Choices

Yes

No

Do you have any dependents?*

Choices

Yes

No

Dependent information

If yes, please provide ages and if in school, what year.*

Character Limit: 5000

High School Information

What is the name/location of the high school you graduated?*

Character Limit: 250

Date you graduated from high school.*

Character Limit: 10

Previous College Information

Have you taken any college courses?*

Choices

Yes

No

College courses

If yes, please explain.*

Character Limit: 1000

Which college did you attend?*

Character Limit: 250

Please provide dates of attendance?

Character Limit: 250

Please provide any other information regarding your time in college and what caused you to exit.*

Character Limit: 5000

What was your college GPA?*

Character Limit: 250

Please upload your official college transcript.*

You may also mail the official transcript to the Hamilton Community Foundation - 319 N. Third Street | Hamilton, OH 45011 or email to krouse@hamiltonfoundation.org.

If you do not have a transcript, please upload a document stating this information.

File Size Limit: 1 MB

College Information

What year in college will you be entering?*

Choices

- Freshman
- Sophomore
- Junior
- Senior
- Other

If other, please explain.

Character Limit: 5000

Will you be a full time or part time student?*

Choices

- Full time
- Part time

Please provide the date you will begin classes?*

Character Limit: 10

Which College/University/Trade School do you plan to attend?*

Character Limit: 1000

Please provide your intended major/certification.*

Choices

- Nursing
- Healthcare Related
- Other

If other, please provide area of study.

Character Limit: 250

Please indicate the cost of tuition for your school.*

Character Limit: 20

Please indicate what your cost of tuition is based on.***Choices**

Per Semester

Per Quarter

Per Year

Request official transcript

College GPA*

Character Limit: 20

Please upload official college transcript.*

This ***Official Transcript*** must include the full year grades for the year. You may also request the college to send the official transcript to the Hamilton Community Foundation 319 N. Third Street | Hamilton, OH 45011 or email to krouse@hamiltonfoundation.org.

File Size Limit: 3 MB

Financial Information

Please provide household income.*

Character Limit: 20

Please list current income sources, including employer paid tuition reimbursement.*

If employed, include employer name, position and dates of employment.

Character Limit: 1000

Please indicate how much you will be receiving in tuition reimbursement from your employer.*

Character Limit: 20

Please indicate your total student loan amount.*

Character Limit: 20

Please indicate your total out of pocket cost.*

Character Limit: 20

Have you completed the FAFSA?*

FAFSA website Information

Choices

Yes

No

FAFSA - SAR Yes

If yes, please upload your Student Aid Report (SAR).*

File Size Limit: 3 MB

Please indicate how much FAFSA/Pell Grant money you will be receiving.*

If you are eligible to receive federal (Pell Grant) money, please list this below. **If you are not eligible, please put a zero - 0.**

Character Limit: 20

FAFSA - SAR - No

If no, please explain.*

Character Limit: 5000

General Essay

General Essay*

Please provide an essay (**minimum of 500 words = 3,000 characters**) sharing what has motivated you to either continue and complete a degree that you have started in the past, or what has motivated you to begin pursuing higher education. Include your reasons for your choice of college, your chosen career goals, any community involvement, and your plans for financing your education. Provide examples of what sets you apart from the other applicants and why we should invest in your education.

Character Limit: 10000

General Essay - Reapplying

Essay of school experience.*

Since you received a scholarship last year, please write an essay outlining your college experience. Did you learn something about your self that you did not expect? Are you happy with your decision to continue your education? Please share how the scholarship has assisted you in meeting your educational goals.

Character Limit: 5000

True statement and signature

True and Accurate Statement*

The undersigned hereby acknowledges that the information provided and disclosed to the Hamilton Community Foundation, to the officers and trustees of the Foundation, and to any other person authorized by the Foundation is permitted to review the information for selection purposes. Verification may be obtained from any source. We hereby release from liability any person submitting information to the Foundation for use in the selection of scholarship recipients.

Choices

I agree

Affirmation*

I affirm that all statements made on this application, including all attachments, are true and complete to the best of my knowledge. I understand that misrepresentation can become cause for denial of admission or expulsion from this program. I have also read the above statement and know that even if I qualify for the program, based on the number of program participants, I may not receive funding.

Choices

I agree

Understand scholarship selection process*

I understand even though I may qualify for multiple scholarships I may not be selected as a recipient due to the volume of qualified applicants.

Choices

I agree

Electronic Signature*

Please type your full name below.

Character Limit: 250

Today's Date*

Character Limit: 10

