

# Adult/Nontraditional Scholarships 2022

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*Hamilton Community Foundation (OH)*

## *Introduction*

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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:

- be a resident of the city of Hamilton in Butler County, Ohio
- attend an accredited technical school, college or university as a full time or part time student
- demonstrate financial need
- not be reimbursed for your education by your employer
- 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*

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**Are you a resident of the city of Hamilton, Ohio?\***

Choices

Yes

No

## *Not a resident*

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All scholarships are offered only to Hamilton residents. Thank you for your interest in applying for scholarships at the Hamilton Community Foundation.

## *Applying for the first time*

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### **Date of Birth**

*Character Limit: 10*

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

#### **Choices**

Yes

No

## *Applicant Information*

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### **Gender\***

#### **Choices**

Male

Female

Declined to state

### **Ethnicity\***

#### **Choices**

African American

American Indian or Alaska Native

Asian

Hispanic/Latino

Native Haw/Pacific Islander

White/Caucasian

Decline to State

### **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*

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

*Character Limit: 5000*

### *High School Information*

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**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*

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**Have you taken any college courses?\***

Choices

Yes

No

### *College courses*

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**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 [kbraswell@hamiltonfoundation.org](mailto:kbraswell@hamiltonfoundation.org).

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

*File Size Limit: 1 MB*

## *College Information*

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**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

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

*Character Limit: 1000*

**Please provide the date you will begin classes?\***

*Character Limit: 10*

**Please provide your intended major/certification.\***

**Choices**

- Nursing
- Healthcare Related
- Other

## *Request official transcript*

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### **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 [kbraswell@hamiltonfoundation.org](mailto:kbraswell@hamiltonfoundation.org).

*File Size Limit: 3 MB*

## *Financial Information*

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### **Please provide household income.\***

*Character Limit: 20*

### **Please list current income sources.\***

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

*Character Limit: 1000*

### **Have you completed the FAFSA?\***

FAFSA website Information

#### **Choices**

Yes

No

## *FAFSA - SAR Yes*

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

*File Size Limit: 3 MB*

## *FAFSA - SAR - No*

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### **If no, please explain.\***

*Character Limit: 5000*

## *General Essay*

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### **General Essay\***

Please provide an essay sharing what has motivated you to either continue and complete a degree you have started in the past or what has motivated you to begin pursuing higher education. Also, include your reasons for your choice of college, your chosen career goals and your plans for financing your higher 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*

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### **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*

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### **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*