



# Adult Learner Scholarship Application

## Personal Information

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Academic Information

Major \_\_\_\_\_

Career Goal \_\_\_\_\_

Have you ever  
attended college?  Yes  No

If yes, please list last semester  
attended: \_\_\_\_\_

**Scholarship Acknowledgement. By signing this scholarship application, I acknowledge that I meet the criteria outlined for the adult learner scholarship at Northeastern Oklahoma A&M College, including being an Oklahoma resident, over the age of 19, enrolled in a critical occupation degree program. It is my responsibility to notify Northeastern Oklahoma A&M College if anything changes that affects my ability to meet these criteria. Failure to continue to meet criteria can affect future awards. This scholarship may be available for the fall 2024 and spring 2025 semesters.**

Signature: \_\_\_\_\_