

**Challenge SCHOLARSHIP APPLICATION Spring 2023**

A limited number of scholarships are available for tuition support, up to a maximum amount of \$250.00 per qualified student. **Funding is limited and NOT guaranteed for students meeting eligibility and submitting by the deadline.** Applications are accepted by mail or hand delivered between November 28, 2022 to December 14, 2022. Application and all supporting documents must be in one sealed envelope and hand delivered, or mailed with a postmark of December 14th or earlier and received in the mail by Monday, December 19th, 2022 at the latest. Late or incomplete applications are not eligible for funding. **MAIL or HAND DELIVER to:**

Montgomery College, Attn: Challenge Scholarship, Rockville Campus, CC220,  
 51 Mannakee Street, Rockville, Maryland 20850

**PRINT LEGIBLY**

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

 Student Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Birthdate: \_\_\_\_\_

College ID Number: M2 \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**List the course information for Spring 2023**

CRN #	Course #	Course Title	Begin Date	Tuition
				\$
				\$
				\$
			Total	\$

**Scholarship money is awarded for tuition only. Fees and cost of books are not included.**

Students must meet financial eligibility guidelines found at: <https://www.montgomerycollege.edu/workforce-development-continuing-education/wdce-scholarships/challenge-gtp-scholarship.html>

You must attach the Certification for Tuition Waiver form/ or SSI Benefit Verification Letter if you have not submitted it previously or if your SSA Verification requires renewal. **The Certification for Tuition Waiver form/SSI Benefit Verification Letter is only valid for one academic year (Academic year starts with the Fall semester), and must be renewed each August.**

**• Scholarship Eligibility Requirements:**

- 1) Resident(s) of Montgomery County    2) Qualify for in-state tuition    3) Receive SSI or SSDI Benefit

If you have questions, please e-mail [wdce.scholarship@montgomerycollege.edu](mailto:wdce.scholarship@montgomerycollege.edu).

I authorize the Financial Aid Office/Workforce Development & Continuing Education office to release all necessary information (academic/noncredit transcript, tax returns, scholarship application, narrative, etc.) to the Montgomery College Workforce Development & Continuing Education Scholarship Review Committee. I certify that this information is true and accurate. I agree to abide by the Policies and Procedures of Montgomery College.

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Date