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NON-PROFIT ORGANIZATION since 1994

## Professional Development Center Scholarship Application Form (must be age 18 or older)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: Male or Female

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Race: (*circle one*) Asian Black/African American Hispanic/Latino White/Caucasian Other \_\_\_\_\_

**What certification interests you:** \_\_\_\_\_ State Tested Nurses Aid \_\_\_\_\_ A+ Computer \_\_\_\_\_ Horticulture Technician

**Do you have your:** *High School Diploma:* Yes or No or *G.E.D:* Yes or No Last grade completed: \_\_\_\_\_

**Do you have a criminal record?** Yes or No **Are you currently employed?** Yes or No Where: \_\_\_\_\_

Number of people in your household: \_\_\_\_\_ Number of children under age 18 that you support: \_\_\_\_\_

Your Annual income: \_\_\_ below \$20,800 \_\_\_ \$20,801-28,000 \_\_\_ \$28,001-35,200 \_\_\_ \$35,201-42,400

\_\_\_ \$42,401-49,600 \_\_\_ \$49,601-56,800 \_\_\_ \$56,801-64,000 \_\_\_ \$64,001-71,200

**How will you pay for your tuition at the Professional Development Center & how will a scholarship impact your plans?**

**Why are you the best person to grant a scholarship?** (You may attach a separate sheet of paper if necessary)

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**IMPORTANT** → **Please mail to:** PDC Selection Committee, PO Box 4971, Youngstown, Ohio 44515