

**CSCU CARES ACT WORKFORCE DEVELOPMENT PROGRAMS**  
**Scholarship Application**

*Applicant and or their families must be impacted financially by COVID-19*

Student Name: \_\_\_\_\_ Student ID#: @ \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_ Number of dependents: \_\_\_\_\_

Please check one:    married       single       divorced       widowed       separated

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

Annual Income: \_\_\_\_\_

*Please explain how COVID-19 impacted you financially (unemployed, underemployed); attach another page if necessary*

\_\_\_\_\_  
Student signature Date

Approved     Denied (reason) \_\_\_\_\_

CRN# \_\_\_\_\_ Program Title: \_\_\_\_\_

\_\_\_\_\_  
Dean's Signature: Date