



Bernice Brooks Memorial Scholarship

Adult Options In Education is pleased to offer a \$500 scholarship to an Adult Options In Education GED graduate to be applied toward tuition at an accredited technical school, community college or university. The scholarship is funded by AOIE volunteers, community members and friends of the program.

Application Instructions — Please read carefully —

- Applicants should answer all questions. (Typewritten applications are preferred.)
- Applicants should include a recommendation letter from an Adult Options In Education teacher.
- Applicants must plan on participating in Adult Options In Education's GED graduation ceremony 7 p.m. Tuesday, June 4 at Hopkins Center for the Arts.
- Applications are due Monday, May 13, 2013. Late applications will not be accepted.
- Applications must be sent to:

**Adult Options In Education
Bernice Brooks Memorial Scholarship
1001 Highway 7, Hopkins, MN, 55305**

- Scholarship applicants must have spent at least 12 hours preparing for the GED exams in Adult Options In Education classrooms, have taken TABE pre and post-tests, and plan to attend GED Graduation.
- Scholarships will be paid directly to the designated school.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone: _____ **Cell phone:** _____

E-mail address: _____

How long did you attend Adult Options In Education? _____

Primary GED class/site _____ **Teacher(s)** _____

What educational institution are you planning to attend? _____

When do you plan to begin taking classes? _____

What field do you plan to pursue? _____

What are your career goals?

Describe your employment experiences in the past two years.

Please list other grants or scholarships you have applied for.

Other information for the scholarship committee:

How many people are in your household?

Please list ages of dependent children

What was your combined family income for 2012?

Less than \$20,000 \$20,000-\$40,000 \$40,000-\$60,000 \$60,000-\$80,000 \$80,000 or more

I declare the information reported on this form, to the best of my knowledge, to be true, correct and complete. Any misrepresentation or omission may be grounds for rejection of this application. I also authorize Adult Options In Education to check and verify all information provided on this application. I understand this information will be treated with complete confidentiality by the Bernice Brooks Memorial Scholarship Committee.

Applicant's signature:

Date:
