

Monticello College Foundation Scholarship Application

Name:		SSN#:	XXX-XX-	
Address:				
City:	State:		Zip:	
Phone:	Date of Birth:			
Major:				
Employment Status:	Full-time	Part-time	Not working	
Employer:		Hours p	er week:	
 provide a 7-semester tra A 300 - 500-word essay Student must maintain 	ool and college transcript (if a anscript regarding why you chose yo at least a 3.0 GPA each sem	applicable); curro ur career field ester to continu		ve
PLEASE READ THE FOLLOWING CA	AREFULLY:			
I certify that all information is cor Ranken Technical College to discl Foundation. I hereby authorize R public.	ose my financial and/or acad	demic records to	the Monticello College	
Signature:		Dat	e:	

Return Options: Email – ntrogers@ranken.edu; Fax – 314-286-3366; Mail/Drop Off – Ranken Technical College, Financial Aid Office, 4431 Finney Ave., St. Louis, MO 63113