

Radiant Works Scholarship Application

Print Information

All boxes are required

FAX: 877-409-7716

scholarship@radianthands.org or admin@radianthands.org

Date of Request:		TABE Score		
Check One:	<input type="checkbox"/> CNA Exam Fee <input type="checkbox"/> GED Exam (\$32/section) <input type="checkbox"/> Online Course Fee (\$30)			
Other technical course. Give details.			Student ID	
First Name:			Last Name:	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Age		Disability <input type="checkbox"/> Y <input type="checkbox"/> N
Race:	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		Religion (Optional)	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Address:			Apartment:	
City:			County	
Email address:			Zip Code:	
Phone Number:				
Number of Children in the home			Children's Age:	
List all adults in household and relationship to applicant. (Use added sheet if needed)				
Employment Information or Specify 1. Government Assistance 2. Family Assistance				

Reference Information

Name of Reference:	
Phone Number of Reference:	
Email of Reference:	
Signature of Reference: Required	
Previous Request for Assistance	

*******Use a separate page to describe your immediate and long-term plans. Include any information about yourself that might help the Selection Committee in its evaluation. *******