



# Rogue Community College

*Our goal is your success.*

## Application Process:

Candidates may apply at any time during the school year by completing:

- The RCC Personal Care Attendant Tuition Weaver Application Form
- A 200-word essay explaining why the training is desired. Describe the benefits of training to your current job, or how it will enhance your potential for employment, or use in your personal life. Education background and work history may also be included.

Completed applications (**signed by the RCC representative**) are submitted to: RCC Workforce Development department, Attn: Tuition Waiver, 3345 Redwood Highway, Grants Pass, OR 97527.

## RCC PERSONAL CARE TUITION WAIVER FORM

Full Legal Name \_\_\_\_\_ Student ID No. \_\_\_\_\_

*(please print)*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Highest Education Level Attained (HS diploma, GED, certificates or degrees) Date: \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_ Are you looking for work? Yes \_\_\_ No \_\_\_ Are you in transition? Yes \_\_\_ No \_\_\_

Name of Current or Last Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Funding requested for what RCC class: HC50 PERSONAL CARE ATTENDANT

**Knowing that many students are applying for limited scholarship funds, please attach a 200 word essay that explains the reasons your application should be accepted, including your education, work history, and career goals.**

Cost of the training? \$ 149

Tuition Waiver (Fall Term 2008) Acct #: 050-209604-01-7093 \$ 100

Total Student Tuition Due \$ 49

**If you are a recipient of this Tuition Waiver Award and by signing below, you agree to periodically answer questions related to your scholarship and job, either by phone, email or mail for one year from the date of the completion of training.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RCC Representative recommendation:

I have reviewed the applicant's education plan and future goals and am satisfied with their ability to successfully accomplish these goals. I therefore recommend \_\_\_\_\_ for support from the RCC Personal Care Attendant Fund.

\_\_\_\_\_  
RCC Representative Signature