

Osher Lifelong Learning Institute at UNC Asheville
Application for OLLI College for Seniors Scholarship Fall 2019
Deadline for Scholarship Applications: August 21, 2019, 5 p.m.

Complete this scholarship application and submit to the OLLI office after completing your on-line registration form. If you have questions about this form, call Frankie Keller at OLLI (828-251-6384). Please provide and **answer to all requested information as incomplete forms will not be considered.** The information you provide will be held in confidence. **Scholarship applications will be processed in the order received, so apply as early as possible.**

Please print:

Name _____ Date _____
Address _____ Phone _____
_____ E-mail _____

Current annual household income:

____ Below \$8,500
____ \$8,500-\$15,000
____ \$15,000-\$25,000
____ \$25,000-\$35,000
____ Above \$35,000

Reason for scholarship request:

I request scholarship for the following amount for the College for Seniors Fall term, 2019.
(Please remit the remainder at the time of application):

____ 75% = \$86.00. I am able to pay \$29.00
____ 50% = \$57.00. I am able to pay \$58.00
____ 25% = \$29.00. I am able to pay \$86.00

Submit the scholarship form upon completion of online registration along with the balance of the registration fees during the registration period and before the deadline of 8/21/19

CFS Scholarship Committee
Attn: Frankie Keller
Osher Lifelong Learning Institute
UNC Asheville, CPO # 5000
Asheville NC 28804

We will respond to your request as soon as possible. If the Scholarship Committee alters your requested scholarship amount, you will be notified by the College for Seniors program via letter. Any difference in term fees will need to be paid promptly. Scholarship applications, once completed/submitted, do not guarantee that you will receive the scholarship amount requested. If you have questions about OLLI scholarships, contact Executive Director Catherine Frank (828-251-6188).

Applicant Signature _____ Date _____

Scholarship recipients must pay for OLLI Annual Membership.

For Office Use Only:

Approved as submitted Approved with reduction Changes to award _____
Committee Review Date _____