



Associate Degree in Early Childhood Education

Scholarship: Special Circumstances

Name _____

Please help us better understand your special circumstances by providing an explanation in the text box below:

By signing this worksheet, I certify that all the information reported on it is complete and correct. I understand that completing this form does not guarantee a scholarship.

Applicant Signature _____

Date _____

Please submit this registration form to Dr. John Meyer at meyerjd@mlc-wels.edu.