



Adult Learner Scholarship Application

Personal Information

Student Name _____

Address _____

Cell Phone _____

Email _____

Date of Birth _____

NEO ID # _____

Academic Information

Major _____

Career Goal _____

Have you ever attended college? If you have attended college, what college(s) did you attend and what dates did you attend?

Yes No
Name of College: _____

If yes, please list last semester attended:
Dates of Attendance: _____

Scholarship Acknowledgement. By signing this scholarship application, I acknowledge that I meet the criteria outlined for the adult learner scholarship at Northeastern Oklahoma A&M College, including being an Oklahoma resident, over the age of 19, enrolled in a critical occupation degree program. It is my responsibility to notify Northeastern Oklahoma A&M College if anything changes that affects my ability to meet these criteria. Failure to continue to meet criteria can affect future awards. This scholarship may be available for the fall 2024 and spring 2025 semesters.

Signature: _____