



2025 Tarkio Technical Institute \$500 Scholarship Application

Please send this form and one letter of recommendation to:
ACDC, ATTN: Tarkio Tech Scholarship, PO Box 243, Rock Port, MO 64482

PERSONAL INFORMATION

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Email: _____

TARKIO TECH PROGRAM INFORMATION

Diploma/Certificate program of interest: _____

Date of expected enrollment: _____

WORK/SCHOOL HISTORY

High School Graduate? No Yes; Year/School? _____

Other education/training completed: _____

Work experience: _____



Please explain why you are interested in this program:

How do you plan to use your certificate/diploma?

Please explain how you will use this certificate/diploma to better Atchison County:

I certify that all information provided is true and accurate to the best of my knowledge.

Student's signature: _____ Date: _____