ATCHISON COUNTY
DEVELOPMENT CORPORATION

2026 Adult Education Scholarship

Goal:

- To help Atchison County employers grow and strengthen the skills of their employees, and to help Atchison County residents enhance and develop their professional skills.

Applicant eligibility:

- Must have earned a high school diploma or GED and be a non-traditional student (ex: adult learners, parents, veterans, students returning after a break, career changes, etc.).
- Must have primary legal residence in Atchison County and/or be an employee of an Atchison County business. (Nonresident employees must work at a physical business location in Atchison County to be eligible.)
- Individuals may apply directly, or Atchison County businesses can apply on behalf of an employee.

Program eligibility:

- This scholarship can be used for tuition and program fees associated with any career training or education.
- For individual applicants, this can only be used for expenses that are not being funded or reimbursed by your employer.
- For businesses applying on behalf of an employee, this can only be used if the business is not receiving funding from other sources that cover 100% of the cost of employee education/training program (i.e. grants).

Scholarship details:

- ACDC may award up to $10,000 in 2026, with a maximum of $2,500 per scholarship.
    - *Individuals may apply more than once, with a lifetime maximum of $7,500.*
    - *Businesses may be awarded one scholarship per employee per year.*
- Scholarships will be reviewed and awarded by committee on a first-come, first-served basis.
- Scholarships will be paid directly to the institution, whenever possible, after receiving proof of registration. Scholarships will only be paid directly to the individual/business when ACDC is unable to pay the institution directly. Proof of registration and cleared payment is required for reimbursement.
- In order to remain in good standing with ACDC, recipients will provide proof of attendance upon completion of program.
- At the discretion of ACDC, exceptions to any of the above rules may be approved due to special conditions or situations.

Please mail completed application to:
ACDC, ATTN: Adult Education Scholarship, PO Box 243, Rock Port, MO 64482
Or drop off at:
321 S. Main St, Rock Port, MO 64482

ATCHISON COUNTY
DEVELOPMENT CORPORATION

2026 Adult Education Scholarship Application

APPLICANT (INDIVIDUAL) INFORMATION

Name: _____

Address: _____

Phone: _____ SSN: _____

Email: _____ Date of Birth: _____

Workplace (if applicable): _____

Years at current business/organization: _____

Highest level of education completed: ☐ High school ☐ Trade school training/certification

☐ Bachelors Degree or higher

BUSINESS INFORMATION

Complete if business is applying on behalf of employee.

Name: _____ EIN: _____

Physical Address: _____

PROGRAM INFORMATION

Title of course/training/program: _____

Date of expected enrollment: _____ (Include training documentation/info.)

Total cost: _____ **Scholarship request (max. $2,500):** _____

Are you receiving other financial assistance for this course/program? Yes / No

If Yes, explain: _____

PROGRAM BENEFIT

Please explain why you are interested in this program and how it will strengthen or enhance skills. Specifically…

- If applying for personal professional development, how would this education help you reach your career goals?
- If applying as a business on behalf of an employee., how would this training benefit your business?

(Attach separate sheet if necessary.)

_____

_____

_____

_____

_____

_____

_____

CONDITIONS (to be completed by individual who will complete the training program)

(Please check each box to demonstrate understanding and sign as directed below.)

- ☐ I certify that all information provided is true and accurate to the best of my knowledge.
- ☐ I certify that this education is not being funded or reimbursed by my employer.
- ☐ I certify that I am not receiving additional grants or scholarships beyond the cost of this education.
- ☐ I understand that my scholarship may be rescinded if I do not complete the program within 6 months of award.
- ☐ I understand that scholarships will be paid directly to the institution when possible after proof of registration is received. I understand that scholarship will only be paid directly to the individual when ACDC is unable to pay the institution directly. Proof of registration and cleared payment is required for reimbursement.
- ☐ I understand that I will be required to provide proof of registration and attendance in order to stay in good standing with ACDC.
- ☐ I certify that I am a US Citizen.

Individual Applicant Name (print): _____

Individual Applicant Signature: _____ Date: _____

CONDITIONS (to be completed if business is applying for the scholarship)

- ☐ I certify all business information provided is true and accurate to the best of my knowledge.
- ☐ I have provided documentation that I am current on all taxes and in possession of valid business/merchant licensure, as required for my business.
- ☐ I certify that this education is not being reimbursed to the employee by the employer.
- ☐ I certify that the business has not received additional funding from other sources for educational/training purposes that cover 100% of the cost of this education. Any funding received from other sources for educational/training purposes in addition to the amount requested on this application will not exceed the cost of this education.
- ☐ I understand that the applicant and/or business registering for the education/training is financially responsible for the associated program costs.
- ☐ I understand that scholarships will be paid directly to the institution when possible after proof of registration is received. I understand that scholarship will only be paid directly to the business when ACDC is unable to pay the institution directly. Proof of registration and cleared payment is required for reimbursement.
- ☐ I understand that I will be required to provide proof of employee's attendance in order to stay in good standing with ACDC.
- ☐ I understand that ACDC may file appropriate IRS documentation as applicable for any funding the business receives, and I have provided an accurate business Tax Identification Number for this purpose.
- ☐ I hereby certify that the business is a domestic entity.

Business Representative Name (print): _____

Business Representative Signature: _____ Date: _____