Career Training Education Scholarship Program

This scholarship opportunity is offered to qualified applicants enrolling at the Lynwood Campus of American Career College. Eligibility for this scholarship will be limited to students who graduated from High School where they completed a documented Career Training Education program in the medical field. The minimum passing Accuplacer scores as listed in the ACC catalog must be achieved for consideration for this scholarship. Awards will be made based on the applicant’s score on the Accuplacer entrance exam, with highest scorers awarded first. The maximum amount of the scholarship is $2,500, and awards will be disbursed proportionately each payment period. A limited number of scholarships are available, so not all who apply will receive an award. Students with the highest Accuplacer test scores will be awarded based on applications received prior to each start date; however, no more than four scholarships will be awarded each month.

In order to qualify, you must meet the following requirements:

1. Enroll at American Career College’s Lynwood campus for the first time; and
2. Meet all admissions requirements to the program; and
3. Achieve the minimum passing score on all sections of the Accuplacer entrance exam, as listed in the ACC catalog; and
4. Graduate from High School where you completed a documented Career Training Education program in the medical field.

If you qualify for this scholarship, the total amount awarded will be divided into equal installments applied each payment period as a credit towards tuition and required fees. There is no cash value for this scholarship; if you withdraw from the program before completing, the unused portion of the scholarship will be lost. This scholarship may not be combined with any other ACC Grant or Scholarship.

If you are interested in applying for this scholarship, please complete the information section below, and return it to the Financial Aid office on or before your packaging appointment.

Name__________________________________________  ID#______________________________________

Program: ______________________________________  Start Date______________________________

Student Signature ________________________________  Date ________________________________

For Office Use Only:

Campus: ___________________________  Accuplacer Score: ___________________________

☐ Criteria 1-4 met

________________________________________________________  ____________________________
Signature of FA Official  Date

This scholarship program may be cancelled at any time.
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