



TA4U | Ferris, TX

## TA4U SCHOLARSHIPS

**Training Academy 4 U, LLC** scholarships and in-house payment plans are offered to qualified individuals who are planning to pursue a career as a healthcare professional. This applicant must be planning to major in dental assisting, medical assisting, or massage therapy. In addition, the recipient of the scholarship must attend Training Academy 4 U, LLC and register in one of the programs provided by the school within the 2024-2025 TA4U school calendar year. Scholarship amounts range from \$500.00 to \$6,000.00.

Applicants must submit an application and essay to be evaluated by the director of the school to determine eligibility.

Essay must be at least one page in length and include the following:

1. *Education and Career Goals.*
2. *Why the student is choosing Training Academy.*
3. *The benefits that come with working in healthcare.*
4. *History in healthcare- Personal or professional experience that might have influenced the student's decision to pursue a career in healthcare.*
5. *Name, address, and phone number*

Submit application and essay to [michele@ta4u.org](mailto:michele@ta4u.org).

Further information may be obtained through:

**Training Academy 4 U, LLC**

**213 W. 6th St.**

**Ferris, TX 75125**

**972-842-2999**

**972-544-2102 fax**

[www.ta4u.org](http://www.ta4u.org)

Facebook: Training Academy Ferris, TX

*In-house scholarships can be combined with other forms of payment with prior approval by the school's director.*



# Training Academy 4 U, LLC

## 2025 Scholarship Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Last M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Name of Counselor: \_\_\_\_\_

### Parent/Guardian Information

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Program of Interest

- Medical Assisting     Dental Assisting     Massage Therapy     CPR     Phlebotomy

Have you attended a school orientation? NO YES - DATE : \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and completed to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Your application will not be taken into consideration unless the Training Academy 4 U Senior Scholarship essay has been submitted.*

**APPLICATION & SCHOLARSHIP DEADLINE: March 31, 2025**