



High School Program Scholarship Form

Please complete this form and attach it to your members/program registration form. Incomplete forms will delay the process and may cause you to lose your scholarship.

Student's Name _____ Age _____

School: _____ Grade: _____

Adult Contact Person _____ Contact Number _____

Scholarship for:
Program

Cost

How much can you pay toward the program fee? \$ _____

Please tell us in the space provided why this program is important and why you need financial assistance.

Number of adults in your household: _____ Number of Children in your household: _____

Household income (includes salary, child support, welfare, unemployment, food stamps etc.)

Total annual household income \$ _____

You may be asked to provide documentation to verify this number (tax return or most recent pay stub.)

Any additional information you would like to share: