

Youth Scholarship Program



Application

Participant Name: _____ Date of Request: _____

Phone: _____ Email: _____

Adult Sponsor: _____ is a Parent / Other: _____
(circle one above)

Sponsor Phone: _____ Sponsor Email: _____

Event/Activity Information

Name: _____ Date: _____

Cost of Event: \$ _____ Scholarship Amount Requested: \$ _____

*Please list relevant work experience and/or abilities that may help us match you with scholarship opportunities.
If this information is on file, simply indicate "On File" below.*

Work Experience/Abilities

This application MUST be accompanied by the signatures of the youth making the request AND an adult sponsor.

Participant Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____