HRMM SCHOLARSHIP APPLICATION FORM

Complete one form for each applicant requesting financial aid. All information must be completed in full.

I am completing this form as

◯ A Parent/Guardian

◯ An individual

Name of the person completing the form:

_____

Address_____

City_____ State_____

Zip_____

Home Phone_____

Work Phone _____

Cell Phone _____

E-mail _____

_____

Scholar's Information

Name _____ Gender: _____

Birthdate: _____/_____/_____

If applicable:

School child attends: _____

Current Grade or Grade Entering in the Fall _____

Household Income:

Total # of people in the household: Adults _____ Children _____

Single-income family _____ Single-parent, sole source provider _____

Taxable Yearly Income for Family: $_____

Does your family qualify for (check all that apply)**:**

1. Free or reduced lunch ____
2. SNAP (Supplemental Nutrition Assistance Program) ___
3. Low-Income Home Energy Assistance ____
4. State Medicaid Program ____

Scholarship Request:

Below please check the total amount you are able to pay, then indicate what program and the program dates or session(s) for which you are applying. Indicate the total amount requested as well at the bottom.

Select the Scholarship level you are applying for (check one):

_____ 100% (seeking full scholarship only) _____ 50% (1/2 of the costs of the program)

_____ 25% (1/4 of the costs of the program)

Name of Program request is for: _____

Dates of Program: _____

Total Amount Requested: _____

Please use the space below to provide details explaining your need for financial assistance (any special circumstances). You may attach additional pages as necessary:

_____

Please have explain or have your child explain in their own words, why they'd like to participate in this program:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

To the best of my knowledge, the information provided above is accurate and truthful.

Signature of Parent/Guardian_____

Date: _____