



After School Scholarship Application

Name _____

Home Address _____

Telephone Number (_____) _____

E-mail address: _____

Place(s) of Employment _____

Is the applicant receiving Federally subsidized food stamps, WIC, Medicaid, SNAP, TANF, SSI or other public assistance programs?

_____ Yes * Please *attach verification.*

_____ No

If “no,” describe your financial need?

Please list specifically what the scholarship will be used for: i.e., 1-Adult Family Membership, Swim Lessons, etc.

** Verification may be required to process application.*

Signature _____

Date: ___/___/___

Office Use Only

Scholarship award: \$ _____

Scholarship Account: _____

Applicant’s match (20%): \$ _____

Date Received: ___/___/___

Approved by: _____

Date: ___/___/___

Funds transferred by: _____

Date: ___/___/___