



**SCHOLARSHIP APPLICATION FORM**

**To be filled out by the applicant/participant:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date Submitting: \_\_\_\_\_

Desired Class or Program: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Term:  Summer  Fall  Spring Year: \_\_\_\_\_

Course cost: \$ \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_

**Office Use Only**

**Course Requested:**

**Deadline for Submission:**

**Status:**

**Amount Given:**

**To be filled out by the applicant:**

Your experience in this discipline (be specific – list school, class and dates):

Applicant's other interests and activities (after school and work):

What kind of volunteer work would you (or your child) like to do for Hubbard Hall in exchange?

**To be filled out by the parent or guardian, or applicant:**

Have you or your child received previous scholarship aid from Hubbard Hall Projects?  Yes  No

List each class and amount received, starting with the most recent:

Please circle one or more of the following that best describes your need for a scholarship. You may use the space below to briefly explain (optional):

Financial status   Health issue/Disability   Single parent   Foster care   Sudden relocation   Other hardship

What accommodation would you make if scholarship aid is not available?

Signature of Applicant: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_