

## Hubbard Hall Scholarship Application

### Applicant Information:

**Name (First, Last):** \_\_\_\_\_

**Is the applicant a minor (under 18)?**  Yes  No

**Parent/Guardian Name (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Phone Type:  Cell  Home  Work

### Program Information:

**What class/program are you seeking support for?** \_\_\_\_\_

**What term are you seeking support for?**  Winter Wellness  Spring  Summer  Fall

Other: \_\_\_\_\_

**What amount of support are you requesting?** \_\_\_\_\_

### Applicant's Need for Scholarship (Check all that apply):

Health/disability  Single parent  Financial status  Foster care

Receipt of social services (SSI, SNAP, WIC, free/reduced lunch, etc.)

Referred by an agency (specify): \_\_\_\_\_  Other: \_\_\_\_\_

### Briefly explain your need for support:

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### Volunteer Work (Check all that apply):

Riser setup/breakdown  Box office/House management  Cleaning

Scenic building/painting  Repairs/Maintenance  Landscaping

Hanging/Distributing posters  Other: \_\_\_\_\_

I am unable to volunteer (this does NOT disqualify you from support)

**Return completed application to the Hubbard Hall office or email to**

**[info@hubbardhall.org](mailto:info@hubbardhall.org).**