

## Program Scholarship Application

**Contact Information:**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

e-mail : \_\_\_\_\_

**Program and scholarship information:**

Program: \_\_\_\_\_ Date(s): \_\_\_\_\_

How much does the program cost?: \$ \_\_\_\_\_

How much can you contribute?: \$ \_\_\_\_\_

Total scholarship request?: \$ \_\_\_\_\_

- Household yearly income level:
- \$0-\$25,000
  - \$25,000-\$50,000
  - \$50,000-\$75,000
  - \$75,000-\$100,000
  - \$100,000+

Number of adults in household: \_\_\_\_\_ Number of children under 18 in household: \_\_\_\_\_

Any special circumstances of why you might need this scholarship:  
 \_\_\_\_\_  
 \_\_\_\_\_

If granted a scholarship, can you volunteer your time at WFLC? \_\_\_\_\_  
 If so, in what capacity? \_\_\_\_\_

Signature: \_\_\_\_\_  
 The Women & Family Life Center does not discriminate based on age, race, gender, religion, sexual orientation, disability, or ethnicity.

**For Office Use Only**

Date Received: _____	Date Approved: _____	Scholarship Amount: _____
Signature: _____	Signature: _____	\$ _____