

# Program Scholarship Application

If completing this form via the internet, please [save the document to your computer first](#), complete, then email to [info@womenandfamilylife.org](mailto:info@womenandfamilylife.org)



## General Information:

Name		Email		DOB	
Address		City	State	ZIP	Phone
Emergency Contact			Emergency Contact Phone		

## Program You are Requesting Assistance For:

### Wellness fees vary

- Mon. Yoga (6 wk session \$60)
- Tues/Sat. Yoga (10 classes \$125)
- Tues/Sat. Yoga (drop in \$15)
- Intensive Yoga (6 wk session)
- Gentle Yoga (6 wk session \$60)
- Gentle Yoga (drop in \$15)
- Tai Chi (6 wk session) \$75
- Women Who Walk no fee

### Support no fees

- Domestic Violence Support
- Divorce/Separation Support (women)
- Divorce/Separation/Widowed (men)
- Pregnancy & Infant Loss, Hygeia
- Financial Literacy & Guidance

### Education & Fellowship fees vary

- What Every Women Needs to Know About Divorce \$20
- Holistic Moms
- League of Women Voters no fee
- Parent Chat no fee  
(for parents of special needs children)
- Women Writers Group no fee
- Women Recreating Retirement no fee
- Women's Health Conference \$90

### Youth & Family fees vary

- Supervised Visitation \$100
- Baby & Me (10 class card \$40)
- Baby & Me (single class \$5)
- Waddlers (10 class card \$40)
- Waddlers (single class \$5)
- Toddlers (10 class card \$40)
- Toddlers (single class \$5)

## Scholarship Information:

Total Cost of Program	Household Annual Income	
Scholarship Amount Requested	<input type="checkbox"/> \$0 - \$14,999	<input type="checkbox"/> \$75,000 - 89,999
Number of Adults in Household	<input type="checkbox"/> \$15,000 - \$29,999	<input type="checkbox"/> \$90,000 - \$104,999
Number of Children (under 18)	<input type="checkbox"/> \$30,000 - \$44,999	<input type="checkbox"/> \$105,000 - \$119,999
Are you willing to volunteer for WFL?	<input type="checkbox"/> \$45,000 - \$59,999	<input type="checkbox"/> \$120,000 - \$134,999
	<input type="checkbox"/> \$60,000 - 74,999	<input type="checkbox"/> \$135,000+

Please describe any special circumstances of why you might need this scholarship:

Signature	Date
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For Office Use Only:		
Date Received _____	Date Approved _____	Amount Approved _____
Signature _____	Signature _____	Signature _____