



Adult

Child

Date: _____

Confidential Scholarship Form

- Scholarships are given based on need of the applicant. We also accept referrals from teachers, staff, and social service partners.
- Crossroads suggests applicants contribute a minimum of 10% of the class fee as a copay if able.
- Scholarships are available for children and adults. 100% participation is expected with exceptions granted for illness. If student, after receiving a scholarship, wishes to not continue with the class for any reason, they must speak to the teacher or the Executive Director.
- Scholarships will not be given for any supplies or equipment for the class.
- A new scholarship form must be completed each year (exception for students enrolled in ongoing classes who do not have change of phone number or address).

SCHOLARSHIP APPLICATION (PLEASE PRINT):

Class Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If participant is under 18 please use parent phone numbers.

Email: _____

Class For Which Registering: _____

Start Date of Class: _____

Participant or Parent's Name: _____

Participant or Parent's Signature: _____

PLEASE FILL OUT THE FOLLOWING INFORMATION:

Full Amount of Class Registration Fee \$ _____

Less Amount you can Contribute is \$ _____

Balance (Scholarship Request) \$ _____

CROSSROADS USE ONLY

BK EC

Scholarship Awarded: Yes No

Amount: _____ Date: _____ Staff Signature: _____

Notes: _____
