



Confidential Scholarship Form

1. Scholarships are given based on instructor and/or staff referral or by demonstrated need by applicant at time of application.
2. Due to COVID-19 and a decline in financial support, we are asking each applicant to contribute a minimum of 10% of the class fee as a co-pay.
3. Scholarships are available for children and adults. 100% participation is expected but if due to illness student must contact center or instructor. 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.
4. Scholarships **will not** be given for any supplies or equipment for the class.
5. For ongoing classes: students need to complete a new scholarship form once a year or if they have a change of address or phone number.
6. Crossroads honors everyone's dignity. If the 10% co-pay creates a hardship please contact us about volunteer opportunities to help offset the cost.

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: _____

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: _____