



EDUCATION SCHOLARSHIP APPLICATION

Deadline: Two weeks before event begins
(If applicant is under eighteen (18), this application should be completed by parent/guardian)

NAME OF APPLICANT: _____

SCHOOL: _____

Current/Upcoming Grade OR College Level: _____ BIRTHDATE: _____

For which Courses, Workshops or Masterclasses are you applying for a scholarship? _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ CELL (of Applicant): _____

E-MAIL: _____

CURRENT ACTIVITIES: _____

Parent/Guardian Name: _____ Additional Caretaker: _____

ADDRESS: _____ ADDRESS: _____

WORK PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

EMAIL: _____ EMAIL: _____

OCCUPATION: _____ OCCUPATION: _____

EMPLOYER: _____ EMPLOYER: _____

ANNUAL APPLICANT or FAMILY INCOME: _____ LESS THAN \$25,000
_____ \$25,000 TO \$55,000
_____ \$55,000 TO \$75,000
_____ OVER \$75,000

NUMBER OF CHILDREN/DEPENDENTS IN HOUSEHOLD _____

Scholarship Requirements: Along with the Application, submit via email (details below) a Statement outlining the reasons for participating in the program and for seeking a scholarship. If a scholarship is awarded, the Applicant must mail/email a "thank you" note to the Education Committee (scholarships@therep.org) after the program ends for grant purposes (Applicant's name will only be used with permission from the Applicant (if over 18) or parent/guardian). Scholarship recipients are expected to attend every class.

Email Application & Statement to scholarships@therep.org

NO HAND-DELIVERIES. SCHOLARSHIPS ARE LIMITED.

INFORMATION PROVIDED HEREIN IS STRICTLY CONFIDENTIAL AND WILL NOT BE SHARED OUTSIDE OF THE EDUCATION SCHOLARSHIP COMMITTEE.