



## Scholarship Application/Nomination Form

*To be completed by Caregiver*

<b>Scholarship Type</b>	<input type="checkbox"/> General Academic	<input type="checkbox"/> General Enrichment
Select one:	<input type="checkbox"/> Tina Hughes Special Needs	<input type="checkbox"/> Ralph Hauser Arts
<b>Applicant's Information</b>		
Applicant's Name:		Date of Birth:
Caregiver's Name:	Relationship to Applicant:	
Applicant's Address:		
Email:		Phone:
Social Worker's Name:		Phone:
<b>Program Information</b>		
<i>This is the program for which the scholarship is being requested</i>		
Program Name:		
Program Address:		
Contact Person:		
Email:		Phone:
Program Dates:		
Program Cost:		Amount Being Requested:
Other Pertinent Information:		
<b>Statement of Value</b>		
Please explain how you believe the applicant would benefit from this program (attach additional pages as needed).		
_____ (initial) I agree to support the applicant in taking full advantage of this opportunity.		
Signature: _____		Date: _____