Participant Scholarship Application

Participant's Name: _____ Date: _____

Session dates scholarship is being applied for: _____

Participant's Disability/Diagnosis: _____

Participant's Address: _____ City _____ Zipcode _____

Home Phone: _____ Other Phone: _____ E-mail: _____

Name of person(s) filling out application: _____

Relationship to participant: _____

Amount of relief requested: ☐90% tuition ☐75% tuition ☐50% tuition ☐25% tuition

Need: Please describe the applicant's current financial situation and the reason a scholarship is being sought. (Attach additional pages if necessary.) _____

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Application deadline is two months prior to the beginning of the session.

Applicant or appropriate guardian may be contacted by executive staff for further information to assess eligibility. Scholarships are not always available and may also be for amounts other than as noted above. Participants will be notified in writing of the scholarship amount if awarded. Thank you for your interest in MANE!