



Scholarship Seat Application 2016

PLEASE PRINT CLEARLY IN INK AND FILL OUT EACH SECTION IN ITS ENTIRETY. Incomplete applications will not be considered.

Student Name: _____

Student Age: _____ Birthday (dd/mm/yyyy): _____

Grade: _____ School: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

Email Address: _____

Parent/Guardian: _____

Emergency Contact Information: _____

FOR THE PARENT/GUARDIAN: PLEASE READ CAREFULLY AND FILL OUT ENTIRELY.

Please indicate your annual household income:

- | | | | |
|---|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Under \$20,000 | <input type="checkbox"/> \$20-30,000 | <input type="checkbox"/> \$30-40,000 | <input type="checkbox"/> \$40-50,000 |
| <input type="checkbox"/> \$50-60,000 | <input type="checkbox"/> \$60-70,000 | <input type="checkbox"/> \$70-80,000 | <input type="checkbox"/> \$80,000 and above |

Mark if you are: Currently Employed Self-Employed Unemployed

Is the student on a school lunch program? _____

Does the family receive government assistance? _____

Number of children in your household: _____

Has the student ever participated in a PWN program? If yes, what?: _____



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PLEASE TELL US ADDITIONAL INFORMATION REGARDING YOUR REQUEST FOR A SCHOLARSHIP SEAT.

For what program(s) are you interested in registering? _____

What week(s)? _____

Have you received a scholarship seat before? _____

If yes, for what program(s)? _____

How much do you feel you can contribute toward tuition? \$_____

FOR THE STUDENT: PLEASE READ CAREFULLY AND FILL OUT ENTIRELY.

What do you like to read? _____

Why do you like to write? _____

Do you always try your best? _____

Do you ask questions when you are unsure? _____

Students who apply for a scholarship seat must meet the following requirements:

1. You must have a desire to learn and take part in writing activities.
2. If you receive the scholarship seat, you must agree to attend the program each day.
3. Your parent(s)/guardian(s) must provide you transport to and from the studio.
4. You must strive to maintain a positive and supportive attitude in our classes.

Please put your initials here if you agree to the above conditions: _____

*Please write a short paragraph in which you explain why you want to take part in a PWN program. What aspects of the program interest you the most, and why? (Write your paragraph on a new sheet of paper and attach it to the back of this application.)



Project Write Now Policy:

Scholarship seats are non-refundable and non-transferable. Please notify Project Write Now immediately if you are unable to participate. Withdrawing from a program may affect eligibility for future scholarship seats. This information will be kept confidential and will be reviewed only to determine eligibility for aid. We strive to fill as many scholarship seat requests as possible, however available funding is limited. Scholarship seats are granted based on availability of funds and the participant's level of genuine need. Scholarship seat applications are reviewed on a rolling basis.

By signing the application, I agree that the above information is correct and that I will pay the portion mutually agreed upon to Project Write Now if my student receives a partial scholarship.

Parent/Guardian (Print): _____ Date: _____

Parent/Guardian Signature: _____

Student (Print): _____ Date: _____

Student Signature: _____

Send all Scholarship Seat Request Forms to:

Project Write Now
Att: Scholarship Seat
25 Bridge Avenue, Suite 130
Red Bank, NJ 07701

Or email to Lisa Hartsgrove, lisah@projectwritenow.org

If you have any questions/concerns, please contact us at 908-675-0467,
or email lisah@projectwritenow.org.