

Scholarship Seat Application 2016

PLEAS.	E PRINT CLEARLY	IN INK	AND FILL OUT I	EACH SI	ECTION IN	IIS EN	HRETY	. Incomple	ete applica	tions will not be considered
Stude	nt Name:									
Student Age: Birth			Birthday ((dd/mm	n/yyyy):					
Grade: School:										
Street	Address:									
City:			State	e:	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:										
	Jnder \$20,000		\$20-30,000		\$30-40,0	00		\$40-	50,00	0
	\$50-60,000		\$60-70,000		\$70-80,0	00		\$80,0	000 ar	nd above
Mark i	if you are:		Currently Em	ployed		Self-Eı	nploye	ed		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:					
 You must have a desire to learn and take part in writing activities. If you receive the scholarship seat, you must agree to attend the program each day. Your parent(s)/guardian(s) must provide you transport to and from the studio. 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.)

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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 in portion mutually agreed upon to Project Write Now	
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.