



Scholarship Seat Application

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

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:

- Under \$20,000 \$20-30,000 \$30-40,000 \$40-50,000
 \$50-60,000 \$60-70,000 \$70-80,000 \$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 dependents in your household: _____

Has the student ever participated in a PWN program? If yes, which one(s)?: _____



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

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

Which session/dates? _____

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? _____

What do you hope to get out of the class/program? _____

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 transportation 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: _____



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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. We reserve the right to revoke a scholarship seat if requirements are not met.

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
Attn: 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.