



SCHOLARSHIP APPLICATION

Please print legibly

Participant Name	Birthdate
Father/Guardian	Mother/Guardian
Address	Address (if different)
Home Phone	Home Phone (if different)
Cell Phone	Cell Phone
E-mail	E-mail
Occupation	Occupation
Employer	Employer
Number of Dependents in Household	Other Special Needs Dependents

Approximate Household Income Per Month: _____ Per Year: _____

If participant is in school, does he/she qualify for school's free meal program? Yes_____ No_____

Reason For Applying For Scholarship:

I hereby certify that the above information is true and accurate to the best of my knowledge. If granted a scholarship, I agree to abide by all SETC Scholarship Award Program policies and procedures.

Signature

Date

FOR OFFICE USE ONLY

SCHOLARSHIP AWARD: FULL PARTIAL NONE

NUMBER OF LESSONS _____