



Date _____

SCHOLARSHIP APPLICATION

(Student's Name) _____ (Age of minor child) *scholarships are awarded regardless of age

(Street/City/State/Zip) _____

(Phone) _____

(Email address) _____

(Parent/Guardian Name) _____

(Occupation) _____

(Parent/Guardian Address if different than above) _____

If a student, what school do you attend? _____ Grade: _____

Have you taken a class at TAC before? _____ Have you received a TAC scholarship before? _____

What special accommodations, if any, does the applicant require to participate in class? _____

Who referred you to our programs? _____

Why are you requesting a scholarship? _____

What was your household approximate annual income last year? \$ _____

Which class would you like to take? **Must list three choices.**

I certify that the information I am providing is true: _____ (initials)

1st Choice

Class Title: _____ Class Code: _____ Day: _____ Time: _____

Class Price: _____ How much can you pay?: _____

2nd Choice

Class Title: _____ Class Code: _____ Day: _____ Time: _____

Class Price: _____ How much can you pay?: _____

3rd Choice

Class Title: _____ Class Code: _____ Day: _____ Time: _____

Class Price: _____ How much can you pay?: _____

Please Read Scholarship Recipient Obligations and Sign Below:

- APPLICATION MUST BE FILLED OUT COMPLETELY. Incomplete applications will be returned.
- **Completed applications must be submitted by June 5, 2019.**
- I understand that adult students/guardians of children granted scholarships may be asked to volunteer at TAC.
- A \$50.00 admin fee is required of all scholarship recipients.
- Only one scholarship may be awarded per student per session.

Signature _____ Date _____

TACHP Summer 2019 Session

*** If you are unable to accept the scholarship for any reason, please notify the office before the start of class.**