



T4C Youth Activities
Scholarship Application

Youth Information – ages 12-18

Gender: Male Female

Youth Name Date of Birth Age

Address School Grade

Ethnicity:
 White
 Hispanic
 Other: _____

Father's Name Father's Tel. Number Place of Employment

Mother's Name Mother's Tel. Number Place of Employment

Scholarship Information

Does your child qualify for: Free School Lunch Reduced School Lunch Kids Connection
SS# _____

Does the family receive: Food Stamps Disability Assistance County General Assistance

The Time for Change Coalition (T4C) has my permission to verify this information.

Program Selection:

- 1st Program Choice _____
- 2nd Program Choice _____
- 3rd Program Choice _____
- Program Not Listed _____

Type of scholarship assistance you are requesting:

- Program fees
- Equipment cost
- Uniform Costs

Is the family able to assist with any reduced costs?

\$10.00 \$15.00 \$20.00 \$25.00 \$30.00 Transportation Other: _____

OFFICE USE ONLY

Verification received from: School via phone Written verification Other _____

The information that I have provided on the T4C Scholarship application is accurate. I authorize the T4C staff to access verification of information from school or written records on-file.

Parent Signature _____ Date: _____