



Application for Class/Program Scholarship

Name: _____ Date of Request: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Alternate (circle - work/cell): _____

Email: _____

List Program/Class of Interest : _____

Child(ren) Interested in Programs/Classes:

<i>Name (first and last)</i>	<i>Birthdate</i>	<input type="checkbox"/> M	<input type="checkbox"/> F
_____	_____		
_____	_____	<input type="checkbox"/> M	<input type="checkbox"/> F

Have you received scholarships from Explore More in the past? Circle: Yes No

If Yes, which type? Circle: Membership Classes

How many working members are in your household? _____

In order to be considered for a scholarship, attach copies of the latest W2 forms for all working members in the household.

Please state your reasons and/or special circumstances for requesting this assistance on the back of this form, or attach a letter with your application.