



Please Print and Fill Out Completely

## SCHOLARSHIP APPLICATION

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Course Applying for \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP Code

Parents/Guardians: Occupation, Employer or School \_\_\_\_\_

Number of Children in Household \_\_\_\_\_ Other dependents living in household \_\_\_\_\_

**Estimate of Need**

- A) \$ \_\_\_\_\_ Amount Family Can Provide (including aid from other sources)
- + \_\_\_\_\_
- B) \$ \_\_\_\_\_ Amount Student can provide
- C) \$ \_\_\_\_\_ Total provided by student and family
- D) \$ \_\_\_\_\_ Course Tuition
- \_\_\_\_\_
- E) \$ \_\_\_\_\_ Total from line C
- F) \_\_\_\_\_ LINE D – LINE E = Total scholarship needed

Does the student applicant qualify for the free and reduced lunch program at her school? \_\_\_\_\_

**If the answer is "Yes", Please continue on the reverse side.  
 If the answer is "No", Please fill out the table below and include one of the forms listed.**

**Income Information - Please fill out the information below as accurately as possible.**

Are you are a single or double income household?	<input type="checkbox"/> Single <input type="checkbox"/> Double	
MONTHLY INCOME	Parent/Guardian #1	Parent/Guardian #2
Salary before taxes		
Child Support		
Other income		
TOTAL MONTHLY INCOME		
MONTHLY EXPENSES	Parent/Guardian #1	Parent/Guardian #2
Rent/Mortgage/Living Expenses		
School/Bank Loans/Medical Bills		
Other Monthly Bills		
TOTAL MONTHLY EXPENSES		

**In order to be considered for tuition assistance, the form needs to be completely filled out.  
 (This is a 2 Page Form – Please see the reverse side)**

\* If the student is a ward of the State also be signed by the Legal Guardian, please list all possible sources of funding toward the student's tuition, and include a letter from their State Caseworker (Legal Guardian) verifying their status. All other forms must be signed by a legal guardian.

**Personal Statement**

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**Please briefly describe why you are applying for tuition assistance, including any unusual expenses or circumstances, and any information that did not fit on this form, but you feel we should know.**

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**HAVE YOU INCLUDED THE FOLLOWING?**

Most recent tax return form is included

**OR**

Most recent pay stub is included

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**I (we) declare that the information provided is true and complete.**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form to:**

**Girls Go Outside  
PO Box# 1091  
Bend, Oregon 97709**

**(541) 610-8923  
info@girlsgooutside.org**

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