

PACK 435



SCHOLARSHIP APPLICATION

NAME OF APPLICANT(S) _____

NAME OF CHILD(REN) NEEDING SCHOLARSHIP _____ DATE OF BIRTH _____

_____ DATE OF BIRTH _____

_____ DATE OF BIRTH _____

ADDRESS _____

PHONE _____ E-MAIL _____

NAMES OF OTHER FAMILY MEMBERS AND AGES (IF UNDER 18) _____

EXPLAIN WHY YOU NEED A SCHOLARSHIP _____

HOW MUCH ASSISTANCE DO YOU NEED? _____

HAVE YOU PURSUED FINANCIAL ASSISTANCE ELSEWHERE e.g., FAITH IN ACTION? YES _____ NO _____

IF YES, FROM WHERE AND HOW MUCH, IF ANY, FINANCIAL ASSISTANCE HAVE YOU RECEIVED? _____

I understand that the Pack expects a significant level of commitment from its members, through attendance, job execution, participation in fund raisers, and the generous donation of time and skills. The Pack reserves the right to withdraw scholarship funds at any time if this essential component of Pack membership is in question.

I am willing to assist with (e.g., committee position, den leader or assistant, activity chair): _____

SIGNED _____ DATE _____

SIGNED _____ DATE _____

RETURN COMPLETED FORMS TO THE COMMITTEE CHAIR Stacey Anttila (734) 433-9751 sla@marykay.com