

Please Return to YWA/Workshops: PO Box 51538, Eugene, OR 97405

Young Writers Association Scholarship Application

Parent or Guardian Name(s):		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	

Please list each child's name. Include last name if different than parent or guardian:

WHICH PROGRAM DOES YOUR CHILD WISHES TO ATTEND?

Please indicate the program's start date: Month _____ Year: _____

(Note:Registration forms and a \$25.00 deposit per child are required to register.)

Total Scholarship Amount Requested:	
Household Income:	Number of persons in the home:
Employer:	
Special circumstances that warrant a scholarship:	

Office Use Only

Date Received:	Approved By:
Amount Given:	Confirmed: