

Young Writers Association – Scholarship Form

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Parent or Guardian _____ 1) Child's Name _____
Work Phone _____ Cell Phone _____
E-mail _____ 2) Child's Name _____
Parent or Guardian _____
Work Phone _____ Cell Phone _____ 3) Child's Name _____
E-mail _____
Mailing Address _____ 4) Child's Name _____
City _____ State _____ Zip _____

PROGRAM & SESSION

Please write in the name of each child, program and session dates desired:

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

INCOME INFORMATION

Total Scholarship Amount Requested: _____ Number of Persons in the Home: _____
Household Income: _____ Employer: _____
Special circumstances that warrant a scholarship:

RETURN TO

**Young Writers Association
PO BOX 51538, Eugene OR 97405**

OFFICE USE ONLY

Date Received: _____ Approved By: _____
Amount Given: _____ Confirmed: _____