

SCHOLARSHIP REQUEST FORM

Please Print:

Applicant's Name: _____ Home Phone: _____

Address: _____

Number of Persons in Family _____ Total Annual Income \$ _____

Type of Income Verification Documentation Presented: _____

Have you received a scholarship with RPD in the past? Yes _____ No _____

Signature: _____ Date: _____

The applicant vouches that the above information is true and correct.

Please indicate which programs you are applying for:

PROGRAM TITLE/DESCRIPTION	PARTICIPANT'S NAME	Program Fee	Scholarship Amount Requested
1.) _____	_____	_____	_____
2.) _____	_____	_____	_____
3.) _____	_____	_____	_____
4.) _____	_____	_____	_____

Describe the extenuating circumstance that you feel would justify your case. Please attach any documentation, such as unusual expenses, etc.

FOR OFFICE USE ONLY:

Approved by: _____ Date: _____

Scholarship Amount Granted: _____% \$ _____