



# AFTER SCHOOL PROGRAM

# SCHOLARSHIP REQUEST FORM

Name \_\_\_\_\_

Age \_\_\_\_\_

Child's School \_\_\_\_\_ Grade Level \_\_\_\_\_

Parent/Guardian's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Discount amount requested

25% \_\_\_\_\_ 50% \_\_\_\_\_ 75% \_\_\_\_\_

Please explain why this child is being recommended for a scholarship. Also, explain how the student will be provided transportation to MCC for classes/meetings.

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