



## Scholarship Application

Name of Program: \_\_\_\_\_

Date(s) of Program: \_\_\_\_\_ Program Fee: \_\_\_\_\_

Youth Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\*2021 Total House income: \_\_\_\_\_

\*^2022 Total House Income: \_\_\_\_\_

*\*Please include all income from your household including if you are living with parents, guardians, or spouse.*

*^Please attach most recent tax return, child support information, and/or social security information.*

Number of children/dependents in household: \_\_\_\_\_

Amount you can pay for program: \_\_\_\_\_

Please detail why a Works scholarship would benefit your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Attach additional page if necessary.*

I verify that all information provided is true and complete. I agree to provide additional documentation to very financial information if needed. I understand that falsifying information could jeopardize my scholarship.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete a separate form for each youth you would like to receive a scholarship. Contact Janice LoRaso at (740) 349-9277 or [janiceloraso@attheworks.org](mailto:janiceloraso@attheworks.org) with any questions or concerns. Please allow 7-10 business days for processing.*

Bring in or mail your form to:

Janice LoRaso c/o The Works  
55 S. 1<sup>st</sup> Street  
Newark, OH 43055