



## Scholarship Application

A limited number of partial, need-based scholarships are available to families. Please complete this application in its entirety and Voyager Youth Program will review the information and contact you directly. We encourage you to contact the office so that we may discuss your particular situation or any questions you may have. This information will remain confidential.

Name of Family: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical address: \_\_\_\_\_

**Children:**

1. Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

How much can you afford to pay toward the total cost of the program? \$ \_\_\_\_\_

How many parents/adults are in your household? \_\_\_\_\_

Is your family on the Free or Reduced school lunch program? \_\_\_\_\_ yes \_\_\_\_\_ no

What is your estimated gross weekly, monthly, or annual household income for:  
2009 \$ \_\_\_\_\_ 2010 \$ \_\_\_\_\_ currently \$ \_\_\_\_\_

Do you own or rent? (please circle which)

Are you currently paying child support? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you receiving child support? \_\_\_\_\_ yes \_\_\_\_\_ no

Please share any unique financial hardships your family has recently experienced (i.e. loss of employment, recent medical challenges, unforeseen financial obligations, etc.)

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Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approval of Voyager Youth Program Officer: \_\_\_\_\_ Date \_\_\_\_\_