



SCARF Scholarship Application

Date: _____

Check One: Educational Community enhancement Other

1. **Applicant's Information** (Attach a page to expand on each question if needed. or attach any other supporting documents to assist in our decision.)

- a. Name of individual: _____
- b. Address: _____
- c. Contact person(s): _____ Telephone: _____
- d. Email: _____ Website: _____
- e. Description of individual recipient (Must be 5-18 years old):

2. **Scholarship Detail**

- a. What class(es) programs, or workshop(s) will this scholarship help pay for? _____
- b. How will the workshop, class, program, help SCARF enhance the arts, recreation etc. in the cove?

- c. If awarded this scholarship, are you willing to share your new art and or recreational skills with the community? _____ If so, how (free workshops?), so the community can benefit)?

3. **Financial Plan**

- a. Cost of proposed program: _____
- b. How will 50/50 match on funds be met? (Required) _____
- c. Will there be any income received from this scholarship? Yes: _____ No: _____
If yes, explain who the recipient is, and how much income will be received and how it will be used:

4. **Plan Execution**

- a. Start/stop dates: _____
- b. Project location: _____

THE TWICE ANNUAL DEADLINES ANNOUNCED ON OUR WEBISTE WILL STILL BE STRICTLY ENFORCED.

To the best of my knowledge, the data and information in this scholarship application is true and correct, and I am authorized to file this application on behalf of the organization/group.

 Grant Applicant's Representative Signature Title Email Date

Please submit your application via email to mmitchelltravelor@yahoo.com