



THE WORKS SCHOLARSHIP

Name of Class & date desired _____

Child's Name _____ Date of Birth _____ Grade _____

Address _____ City _____ Zip _____

Phone # _____

*2008 Total House Income _____

**2009 Total House Income _____

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

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

Number of other children or other dependents _____

Amount you can pay for camp/class _____

Why do you need financial assistance? Please be specific and state why a Works scholarship will benefit your child

use an additional sheet of paper if necessary

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

Parent(s) or Guardian Signature _____ Date _____

Please fill out a separate form for each child you would like to receive a scholarship. Please feel free to contact Staci Scott, Business Manager at 740-349-9277 or staci.scott@attheworks.org with any questions or concerns. Please allow 7-10 business days for processing. Proof of income must be attached to be processed in a timely manner.

Bring in or mail this form to:

Staci Scott
The Works
55 S. 1st Street, PO Box 721
Newark, OH 43058-721

