



2010 Scholarship Application

DATE _____

NAME _____
(First) (Last)

HOME ADDRESS _____
(# Street) (City/State) (Zip)

HOME PH (____) _____ E-MAIL _____

GRANT REQUEST

Program participation fee is \$50 balance due upon award of scholarship.

Scholarship amount you are requesting? \$20 \$30 \$40

Please explain what you hope to gain from your experience (list at least 3 expectations in order of importance to you).

How do you think you can impact this program with your participation?

I assure the accuracy of any information given to determine need. Furthermore, as a grant applicant for the Youth in City Government program, I agree to devote the time and energy necessary to make it a successful experience if I am selected to become a participant.

(Applicant's Signature)

(Date)