



STRIVE Scholarship Form

Please print, fill out completely and return to STRIVE. Applicant will be notified of scholarship amount after application is reviewed. This form is for STRIVE's use only.

Applicant Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Cell #: _____ Email Address: _____

Guardian Status (please circle one) Self Parent Other _____

If applicant is under 18, Parent/Guardian Name: _____

Is applicant employed? Yes ___ No ___ (If yes, please fill out employment info below.)

Is applicant supported by an agency? Yes ___ No ___ If yes, name of Agency: _____

Name of Agency Contact Person: _____ Phone # _____

How much is your stipend for recreation? \$ _____ Per Week \$ _____ Per month: \$ _____

EMPLOYMENT INFORMATION (If you are applying for a scholarship for your son/daughter, this information pertains to Parents/Guardians. IF independent STRIVE applicant is applying for scholarship, this employment information must be filled out. All must be filled out completely in order to be processed)

Your Employer: _____ Your Position: _____

Work Phone # _____ Length of Employment: _____

Gross Monthly Income: \$ _____ (Please attach most recent paycheck stub and/or most recent bank statement)

Spouse's Employer: _____ Work Phone # _____

Length of Employment: _____ Gross Monthly Income: \$ _____ (same as above)

REASON APPLYING FOR STRIVE SCHOLARSHIP: _____

*****I verify that all the information is correct, complete and accurate. If my financial situation changes, I agree to notify STRIVE within 30 days. If I submit false or inaccurate information, or fail to notify STRIVE within 30 days, I may be terminated from the STRIVE scholarship program.***

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian if applicant is under 18: _____ Date: _____

For your reference, the cover charge amount for Friday Nights is \$10. The dollar amount of your membership dues will be determined by STRIVE staff using a sliding scale that is based on your gross income and/or the amount of money you receive from your agency for recreation. All scholarship applicants are reviewed on an individual basis are asked to pay the \$10 cover charge until notified of scholarship amount. The more information you provide us with the more accurate the scholarship will be. www.pslstrive.org

STRIVE Office Use Only:
Application received on: _____ Scholarship Amount Awarded: \$ _____