

Young Women's Empowerment Weekend Scholarship Application Form

Please provide the following information regarding you and your family to determine your eligibility for a scholarship to a Young Women's Empowerment Weekend. Mail this form to us at the address shown below with a completed Registration, Release, Supplementary questions, and Medical Information form and you will be contacted regarding your eligibility. All forms must be included for scholarship consideration. Scholarships are limited and will be considered on a first-come first-serve basis.

Participant Name: _____ AGE _____

Parent Name(s): _____

Street Address: _____

Town/City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

What is your financial need? _____

Amount your family will contribute? _____

How many people live in your household for the purpose of this application? Include only yourself, your parents, brothers and sisters, and any other dependents. _____

What was the combined income of all the people included above for the 2012 tax Year (you may be required to verify income)? \$ _____

I certify that the information provided is true and correct to the best of my knowledge. YWEW reserves the right to request additional information to confirm the validity of the information provided herein.

Parent/Guardian Signature (or Participant if age 18): _____

Date: _____

Young Women's Empowerment Weekend
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