

## Scholarship Application The Chris Center, Inc.

## Applicant Information

Name:

DOB:

Parent/Guardian Information Name:

Address:

Phone Number:

Email:

Have you been the recipient of a prior scholarship for a program at The Chris Center?

Which program/session dates are you interested in?

<u>Statement of Financial Need</u> Please briefly describe why you are interested in our program and why you would like to be considered for a scholarship.