



COMMUNITY FOUNDATION EXTRACURRICULAR OPPORTUNITY SCHOLARSHIP APPLICATION 2019

This application is for need based scholarships only. Please review the program parameters prior to applying.

Application Requirements

Completed Annual Income and Expense Verification Form (once per year)

Completed Scholarship Application

Completed/Updated Client Information Form

- *Applications are accepted year-round. Annual Income and Expense Verifications are required once every 12 months, unless financial circumstances change.*
- *Travel and equipment expense reimbursement are available on a limited basis. A request for these expenses can be submitted with this application. Assistance will only be given as a partial reimbursement of expenses after submitting receipts. Families should account for these additional expenses when choosing to register for a program.*

Name of primary contact

Primary contact phone

Date submitted

APPLICANT INFORMATION

Student #1 – Full name:

Student #1 – Date of birth

Student #1 – Current grade in school

For grades 6 through 8 only

Student #1 - Current GPA:

Student #1 - Cumulative GPA:

Program requested:

Age group/team:

Start date of program:

Day(s) of the week:

M

Tu

W

Th

F

Sa

Su

Did you receive a scholarship through this program last year?

ESTIMATED EXPENSES AND REQUESTED SCHOLARSHIP

Registration total:

Travel/Tournament:

Equipment:

Other (Ski pass, etc.)

TOTAL EXPENSES:

REQUESTED SCHOLARSHIP AMOUNT:

Student #2 – Full name:

Student #2 – Date of birth

Student #2 – Current grade in school

For grades 6 through 8 only

Student #2 - Current GPA:

Student #2 - Cumulative GPA:

Program requested:

Age group/team:

Start date of program:

Day(s) of the week:

M

Tu

W

Th

F

Sa

Su

Did you receive a scholarship through this program last year?

ESTIMATED EXPENSES AND REQUESTED SCHOLARSHIP

Registration total:

Travel/Tournament:

Equipment:

Other (Ski pass, etc.)

TOTAL EXPENSES:

REQUESTED SCHOLARSHIP AMOUNT:



Student #3 – Full name: _____		Student #3 – Date of birth: _____		Student #3 – Current grade in school: _____	
<i>For grades 6 through 8 only</i> Student #3- Current GPA: _____		Student #3 – Cumulative GPA: _____			
Program requested: _____	Age group/team: _____	Start date of program: _____			
Day(s) of the week: _____	M	Tu	W	Th	F Sa Su
Did you receive a scholarship through this program last year? _____					
ESTIMATED EXPENSES AND REQUESTED SCHOLARSHIP					
Registration total: _____	Travel/Tournament: _____	Equipment: _____			
Other (Ski pass, etc.) _____	TOTAL EXPENSES: _____	REQUESTED SCHOLARSHIP AMOUNT: _____			

Student #4 – Full name: _____		Student #4 – Date of birth: _____		Student #4 – Current grade in school: _____	
<i>For grades 6 through 8 only</i> Student #4- Current GPA: _____		Student #4 – Cumulative GPA: _____			
Program requested: _____	Age group/team: _____	Start date of program: _____			
Day(s) of the week: _____	M	Tu	W	Th	F Sa Su
Did you receive a scholarship through this program last year? _____					
ESTIMATED EXPENSES AND REQUESTED SCHOLARSHIP					
Registration total: _____	Travel/Tournament: _____	Equipment: _____			
Other (Ski pass, etc.) _____	TOTAL EXPENSES: _____	REQUESTED SCHOLARSHIP AMOUNT: _____			

Parent Narrative (Optional): _____

By signing your name at the bottom of the page you are agreeing to the following: I hereby state the aforementioned is a complete and accurate representation of my situation. I give my permission for the staff of One22 to contact other scholarship resources on my behalf, and, if necessary, to confidentially share my name and circumstances.

Primary Contact Signature _____	Date _____	Spouse/Partner Signature _____	Date _____
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All forms can be submitted:

- Electronically to info@one22jh.org.
- Via mail to One22, PO BOX 1232, Jackson, WY 83001, or
- In person to 170 N. Glenwood, on the campus of St. John's Episcopal Church, Jackson, WY

For assistance completing this form, please call One22 (307-739-4500) to make an appointment with a Client Service Specialist.