



Scholarship Application

Student(s) attending The Learning Center:

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Address: _____

Phone: _____

Parent #1 Name: _____

Address (If different): _____

Phone: (If different): _____

Employer: _____ Occupation: _____

Parent #2 Name: _____

Address (If different): _____

Phone: (If different): _____

Employer: _____ Occupation: _____

Adjusted Gross Income (please attach page one of your most recent 1040): _____

Additional sources of income (child support, disability, etc.): _____

Number of Dependents Living in Home: _____

Ages of other children in the Home:

Reason for Scholarship Request:

The Educational Director will review scholarship applications and present recommendations to the Creating Landscapes Learning Center Board of Directors for approval based on financial and educational needs of the family. There are no eligibility requirements or a pre-determined amount of aide granted.

Families who receive a scholarship for The Learning Center are asked to serve on the fundraising committee to aid in generating future scholarship funds.

All programs, policies, and services of The Learning Center will be administered without discrimination in regard to race, color, religion, national origin, sex, age, sexual orientation, or handicap status.

Please submit your scholarship application to The Learning Center at:

**640 Walnut Street
Meadville, PA 16335**

Applications are due by **April 30th** of the upcoming school year. You will be notified of a decision by **May 30th**.

Parent Signature and Date

Educational Director Signature and Date