



## Scholarship Application Form: 2023-24 Season

Please complete the application as accurately as possible and return it to 18 N Market St Elizabethtown PA 17022 no later than August 12<sup>th</sup> 2023. Completion of this form does not guarantee financial assistance. Scholarships are determined by our Board based upon financial need and availability of funds. Scholarships awarded will be disbursed over the full year (1/2 for Fall Semester and 1/2 for Winter/Spring Semester). Our office will be in touch once your request has been reviewed. Thank you.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Student #1 \_\_\_\_\_ Age \_\_\_\_\_

Classes they are interested in \_\_\_\_\_

Name of Student #2 \_\_\_\_\_ Age \_\_\_\_\_

Classes they are interested in \_\_\_\_\_

Name of Student #3 \_\_\_\_\_ Age \_\_\_\_\_

Classes they are interested in \_\_\_\_\_

What is your total household monthly income (include all wages, disability, welfare, workman's comp, etc)? \_\_\_\_\_

\*Verification of income may be requested upon board review\*

How much are you financially able to contribute to the class or classes you or your child would like to take? \_\_\_\_\_

Have you received scholarships from ExHaLTT in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you be willing to volunteer your time at ExHaLTT? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain why you would like to be considered for financial assistance. Please include special circumstances, or extraordinary family expenses (such as medical, loans, education, etc)

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The statements and responses I have given are true and accurate. I understand that ExHaLTT has the right to verify any information given and to deny assistance if any inaccurate information is provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_