

## REQUEST FOR A S.A.L.T. SCHOLARSHIP

Thank you for your interest in SALT's Scholarship program. All prospective families with financial needs are eligible to apply for assistance, but we cannot guarantee that every request will be honored. We have a small number of scholarships available for a partial registration fee. ***If you wish to be considered for a partial registration fee scholarship please return this form by May 6, 2009.***

Name: Father \_\_\_\_\_

Mother \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

How many children in the family? \_\_\_\_\_

Names

Ages

Grades

Children interested in taking classes:

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Other activities your children are involved in which require payment: \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Avg. Family Salary \_\_\_\_\_

Maximum amount you will be able to share in the total cost of co-op \_\_\_\_\_

Name of reference \_\_\_\_\_

Phone number \_\_\_\_\_

What do you hope will be the result of the year at SALT?

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Please state briefly the circumstances that make assistance necessary \_\_\_\_\_

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After reviewing all requests, you will be contacted by one of our Directing Committee members.

Thank you.