

Scholarship Application

Please fill out this form completely and to the best of your ability. Please attach any additional requested information or documentation you feel will help in the decision making process.

Please PRINT clearly

Program Name THE BODY ELECTRIC FOUNDATION **Program #** 5032963

Your Information:

Name _____

Address Street _____

Address City _____ State _____ Zip _____

Phone Number _____ Email address _____

What workshop are you applying for a scholarship to attend? _____

Which of the following apply to you? Please give details for each that apply and attach an additional sheet if necessary:

1. I am on limited income (Please provide past year's tax return showing adjusted income or a W-2)
2. I am disabled. (Please provide letter from a medical professional or a copy of government award letter)
3. I am a member of an underserved community
4. I am active military or a veteran (Please provide DOD ID)
5. I am a college student between ages 18-25 (Please provide college ID and letter of active enrollment)
6. I am someone who has demonstrated a commitment to community service and volunteerism (Please provide a letter from organizations showing hours of volunteer work)

Signature _____ **Date** ____/____/____

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The Body Electric Foundation

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