

CLASS OF 2023
PARTIAL SCHOLARSHIP REQUEST FORM

Please submit the completed request form with your application

First Name: <input type="text"/>	Last Name: <input type="text"/>	Date: <input type="text"/>
Address: <input type="text"/>	City: <input type="text"/>	State and Zip: <input type="text"/>
Email: <input type="text"/>	Mobile # <input type="text"/>	Work # <input type="text"/>

*Please complete all sections.

I. Employment Status (select one):

- Self-employed
- Full-time
- Part-time
- Retired
- Other: Please explain: _____

2. Income Level (select one):

- Less than \$35K/year
- \$36K - \$45K/year
- \$46K - \$55K/year
- \$56K - \$65K/year
- \$66K - \$75K/year
- More than \$75K/year

3. Essay:

In 300 words or less, please explain why you are requesting a partial scholarship.