## **Scholarship Request Form**



Name:	
Address:	
 Phone:	
 Email:	

By signing below I am affirming that the total cost of the class would create a financial hardship and am asking for assistance as checked below. Forms of payment will be discussed when this application is accepted.

Subsidized total cost of class \$75 (approx. \$25/mos or \$2.15/class)

Subsidized total cost of class \$45 (approximately \$15/mos or \$1.30/class)

Signature:

Email to: jbrazil@myarborhealth.org