



Scholarship Application

A limited number of partial, need-based scholarships are available to families. Please complete this application in its entirety and Voyager Youth Program will review the information and contact you directly. We encourage you to contact the office so that we may discuss your particular situation or any questions you may have. This information will remain confidential.

Name of Family: _____

Mailing address: _____

Physical address: _____

Children:

1. Name _____ Age _____ Grade _____

2. Name _____ Age _____ Grade _____

3. Name _____ Age _____ Grade _____

How much can you afford to pay toward the total cost of the program? \$ _____

How many parents/adults are in your household? _____

Is your family on the Free or Reduced school lunch program? _____yes _____no

What is your estimated gross weekly, monthly, or annual household income for:
2008 \$ _____ 2009 \$ _____

Do you own or rent? (please circle which)

Are you currently paying child support? _____yes _____no

Please share any unique financial hardships your family has recently experienced (i.e. loss of employment, recent medical challenges, unforeseen financial obligations, etc.)

Parent/Guardian Signature: _____ Date _____

Approval of Voyager Youth Program Officer: _____ Date _____