



SCHOLARSHIP APPLICATION

The Jackson Hole Leadership Program provides scholarship opportunities for children who are in need and qualify financially. To be eligible for a full or partial scholarship, please complete the following information sheet. All information will remain confidential.

Child's Name _____

Parent/s Name/s _____

Mailing Address _____

E-mail Address(s) _____

Best Contact Phone Number _____

Alternative Phone Number _____

JHLP Program (circle one): Phase I Phase II Phase III

Cost of Program _____ Total Funds Requested _____

Please provide a brief explanation of your reason for requesting assistance:

Organizational Referral _____

Organizational Contact Name _____

Phone Number _____

I certify that all of the information submitted in this form is true.

_____ _____
Signature of Parent / Legal Guardian Date

Printed name of Parent / Legal Guardian