



## 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:

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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