

**Scholarship Request Form**  
**A-Teens Summer**

In efforts to use our resources well, we ask that each family requesting financial aid complete this form. Thank you.

Name of Student \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Has your child been involved in A-Teens before? \_\_\_\_\_

**Monthly Household Income**

	Week 1	Week 2	Week 3	Week 4	Week 5
Earners #1					
Earners #2					
Earners #3					
Earners #4					

Total \_\_\_\_\_

Number of adults in your household \_\_\_\_\_

Number of children in your household \_\_\_\_\_

Please explain briefly why you need financial aid for this program.

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I hereby state that all of the information on this form is accurate.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
A-Teen Director Approval

\_\_\_\_\_  
Second Approval