



Scholarship Application

Name: _____ Date _____

Address: _____

Phone #: _____

Email: _____

What scholarship and or program are you applying for: _____

Have you ever been a member at About Face Boot Camp? _____

Place of Employment: _____

Your employer's Phone Number: _____

Do you work full time or part time: _____

Net Annual Income: _____

Please tell us about any financial hardships you currently have or have experienced that make it difficult for you to obtain a membership. _____



Outside of financial hardships, what else do you believe qualifies you for this scholarship?
