



2016-2017 Partial Scholarship Application

Financial assistance, in the form of partial scholarships, is awarded to deserving students to help off-set their Activities Fees. Scholarships are limited, therefore applicants must demonstrate a *clear financial need* and a *strong desire to participate* fully in the TA /Elevate/ Velocity program. The information you provide in this application is confidential and all decisions regarding scholarships will be made by the TA directors. If you need to discuss the scholarship or your need in more detail, please contact the office at 706-322-6186.

Your name: _____

Grade during the **2016-2017** school year: 7th 8th 9th 10th 11th 12th

School you will attend during the **2016-2017** school year: _____

Your Email: _____

Parent/Guardian Email: _____

Are you a new participant or a returning participant?
 New Returning

Please circle all that apply:

Student lives with: Father Mother StepParent Grandparent Guardian

Working: Father Mother StepParent Grandparent Guardian

Not Working/Retired: Father Mother StepParent Grandparent Guardian

Who assumes financial responsibility for Student? Father Mother Grandparent Guardian

Please list all siblings' names, ages and relationships: _____

Please explain any special circumstances that you think we should know about: _____

Do you (the student) have a job where you receive pay? Yes No

YES / NO Will the student commit to participating in Classroom Sessions?

YES / NO Is the student willing to do yard work to help offset the expense of his/her scholarship?

YES / NO Is the student willing to do office work to help offset the expense of his/her scholarship?

YES / NO Is the student willing to help offset the expense of his/her scholarship by helping at events?

YES / NO Does the student have his/her own transportation?

Please state the dollar amount of the fees that you can pay *by the deadline listed on the registration form*: \$ _____

Please state the dollar amount of the scholarship you are requesting: \$ _____

Please return this application form directly to Teen Advisors (for confidentiality)
Teen Advisor office: 1316 Wildwood Ave., PO Box 5305, Columbus, GA 31906.
Fax: 706-322-1407 Email: registration@teenadvisors.org
You may contact the TA Office at 706-322-6186.

Scholarship Procedure:

1. **Submit your scholarship application to the TA office** in person or by mail, fax or email. 1316 Wildwood Ave, PO Box 5305, Columbus, GA 31906, registration@teenadvisors.org, fax: 706-322-1407
2. After we review your application **we'll send you a letter** to let you know how much scholarship money you've been awarded and give you a discount code you can use to register online. Please respond to that letter to accept your scholarship and **submit your partial payment** (the amount you indicated you're able to pay immediately) in the office or online.
3. Using your discount code, you'll be able to pay and complete the registration form online. If you'd rather, you can pay and submit your registration form at the office.
4. If you need to discuss the scholarship or your need in more detail, please contact the office at 706-322-6186.
5. Remember, your registration is not complete until we've received your partial payment.

Your signature indicates that you've read and understand the Scholarship Procedure and that you've been truthful on this application.

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____