

Prosopon Scholarship Applicant Information

First Name _____ Last Name _____

Primary Phone Number _____ Secondary Phone Number _____

Email _____

Street Address _____

City _____ State _____ Zip Code _____

Emergency Contact Name _____

Relationship _____ Phone Number _____

Referral Information (select one)

I am submitting a letter from the individual identified below

I am submitting a copy of my most recent tax forms (we shred all tax documentation)

Referral Name _____

Position _____

Name of Organization _____

Primary Phone Number _____

Email _____

Street Address _____

City _____ State _____ Zip Code _____

Household Information

Total annual household income (Circle one)

\$0-\$10,000 \$10,000-\$20,000 \$20,000-\$30,000 \$30,000 - \$40,000

If over \$40,000, please indicate yearly household income _____

Please indicate any special circumstances that influence your financial situation:

Signature _____

By signing, you are acknowledging that all information is correct, and completion of the scholarship application does not guarantee scholarship award. The Museum reserves the right to verify all information and the right to cancel the scholarship at any time for any reason.

