



Scholarship Application Form

Full Name _____

Date _____

Address _____

Contact Phone _____

Email Address _____

Annual Household Income: _____

Number of Dependents: _____

Briefly describe any significant financial challenges or hardships:

Reasons for Seeking Scholarship:

1. Why are you interested in the Awaken Your Power- 6 Week Program? (Max 150 words)

2. How do you believe the Awaken Your Power- 6 Week Program will benefit you personally or professionally?



Other Information:

1.Are you currently employed? If yes, please provide job title and employer.

2.Do you receive any other forms of financial assistance or support?

Financial Documentation Consent:

I understand that the assessment of financial need for the Awaken Your Power- 6 Week Program scholarship may require the submission of financial documentation. By providing the following information, I consent to the collection and verification of my financial details for the sole purpose of determining eligibility for the scholarship. I acknowledge that all provided information will be treated with the utmost confidentiality and used exclusively for this purpose.

Please check the appropriate box:

- I consent to provide the last 6 bank statements, last 6 pay stubs, or tax forms from the previous year.
- I prefer to provide alternative documentation (please specify): _____

Agreement:

I understand that the scholarship offered is intended to assist individuals facing genuine financial challenges. I agree to use the scholarship for Awaken Your Power- 6 Week Program sessions and provide feedback on my experience if requested.

Signature

Print Name

Submission Instructions:

Please email this completed form to mayrarpb@gmail.com by the 17th of every month. We will review applications and notify successful candidates by the 26th of each month.