Applicant Name:

Applicant Title:

Phone:

Email:

School Name:

CFY Program(s) Desired:

Grade(s) to take program:

Number of classes:

Number of students:

Reason for Funding Request:

Amount School is able to pay (either per student, or lump sum):

Would your PAC be open to hearing from us? (*To increase scholarship impact, we like present to
your PAC and see if they are able to contribute towards costs as well):*

Requested Program Dates (*Programs run for 5 consecutive days, Monday – Friday):*

Anything else you’d like to share:

*Thank you for your application! Please email a copy to* *gary@courageforyouth.com* *with the subject “scholarship request.” We will do our best to get back to you within 2 business days to confirm receipt of your request.*