



SCHOLARSHIP REQUEST APPLICATION FORM

Thanks to the support of our sponsors, Safety Town is able to provide a limited number of need-based, partial scholarships for our sessions.

Please print legibly.

Name of Child: _____ Age: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip: _____ School (Fall) _____

Parent/Guardian: _____ Relationship to Child: _____

Cell Phone: _____ Email: _____

Would it be a financial burden for your child to attend Safety Town without a scholarship? **Y N**

Does child qualify for free/reduced lunch? **Y N** List other public assistance (must provide proof):

Will transportation prevent your child from attending? **Y N**

I verify that the information provided on this form is true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Please return completed Application Form to:

Great Falls Safety Town
Attn: GF Career & College Readiness Center
2100 16th Avenue South
Great Falls, MT 59405
Email: veronica_griffith@gfps.k12.mt.us

Office Only

Completed Application Received/Date: _____ Time: _____ By: _____

Application Reviewed/Date: _____ Amount Awarded \$ _____

Notification Date: _____ by: Phone / Email Acceptance Date: _____

Bus Pass Issued: **Y N** Date: _____ Number: _____ By: _____