

Summer Serve Scholarship Form



United Way
of Frederick County

Scholarship Applicant Information

First Name	
Last Name	
Date of Birth	
Street Address	
City ST ZIP	
Applying For:	<input type="checkbox"/> Full Scholarship (At or Below ALICE Survival Budget) <input type="checkbox"/> Partial Scholarship (Below ALICE Household Stability Budget)
Need help providing transportation for the participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Need help providing lunch for the participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact Information

Name	
Street Address	
City ST ZIP	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Event Fees

Tell us which session(s) you would like to attend	
___ All 3 Sessions	(6/24 – 8/9)
___ Session 1	(6/24 – 7/12))
___ Session 2	(7/15– 7/26)
___ Session 3	(7/29 - 8/9)

Referred By

To be completed by referring organization only:	
Name	
Organization	
Work Phone	
Cell Phone	
E-Mail Address	

Please Attach Letter of Recommendation or Explain Why You are Referring The Scholarship Applicant Below (To be completed by the referring organization only)

For additional information please contact Alyssa Siebers at ASiebers@uwfrederick.org.

Scholarships are determined by financial availability.