

Teen Experience Scholarship Application

Please print or type

Name:				
Address:				
City, State, Zip:				
City, State, Zip: Phone:	Best Email:			
1. Are you and/or your If yes, Employer Name				
2. What is total combin	ed Annual Household	Income \$ _		
3. Please state briefly v	vhy financial assistanc			
	pay a portion as a way other sources of finance	of committi	ng to the process nnce (friends, fa nem?Yes	mily, church, etc.)
6. Total amount you ca 7. Amount of assistance	n pay (combining #4 &	5) \$		
			,	+
I certify that the inform knowledge.	ation contained herein	is true and	I complete to th	e best of my
Parent Signature			_ Date	

Please complete and submit to terijo@globalteenexperience.com ASAP

Applications will be reviewed and awarded based on need and availability of funds. It is our sincere wish that every teen who wants to be in the *Teen Experience 2015*, be able to attend.