



SCHOLARSHIP APPLICATION for Spring Intensive 2021

Participant's Full Name _____ Age _____ Home Phone _____

Address _____ City _____ State _____ ZIP _____

Parent/Guardian 1's Name _____ Daytime phone _____ Evening phone _____

Parent/Guardian 1's Employer _____ H.R. /employer phone _____

Parent/Guardian 1's Email Address _____

Parent/Guardian 2's Name _____ Daytime phone _____ Evening phone _____

Parent/Guardian 2's Employer _____ H.R./employer phone _____

Parent/Guardian 2's Email Address _____

of children in family _____ # of children participating in TMTO _____ First experience with TMTO? Yes _____ No _____

Gross monthly income _____ Monthly expenses _____

Amt of scholarship requested from TMTO (based on total owed) = _____

Please explain why you feel a scholarship should be awarded to you: _____

If a scholarship is awarded to you, what important contributions do you think you would make to this experience, and to TMTO?

I am providing a letter of recommendation from _____

Signature _____ Printed Name _____

Date _____

PLEASE SUBMIT COMPLETED APPLICATION TO tmto@craterian.org