



Student Scholarship Application

Application Date _____

Student's Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Parent/ Guardian _____ Home Phone (____) _____ Cell (____) _____

Place of Employment _____ Phone (____) _____

Family Annual Income \$ _____ Number of Dependents _____

Communities Served Information

Information in this section is for reporting purposes only and has no bearing on the acceptance or rejection of an application.

Gender: _____ Male _____ Female

Ethnicity: _____ Asian/ Pacific American _____ Caucasian/ European American
 _____ African American _____ Bi/Multi Racial _____ Latino/ Hispanic American
 _____ Native American

Student Resides With: _____ Mother _____ Father _____ Both Parents _____ Grandparent
 _____ Relative _____ Foster Parent _____ Other _____

The student hereby acknowledges and understands that Hopeful Tomorrow, Inc. is not making a specific recommendation or referral of the student to a school or studio. The student or his/her guardian must independently evaluate 1) the appropriateness, 2) level of safety and security and 3) staff skill of the school or studio. The student or his/her guardian hereby waives any liability against and releases Hopeful Tomorrow, Inc. as relates to the selection of or acts of the school or studio and its agents and employees.

 Student's Signature

 Student's SS#

 Parent/Guardian Signature

In consideration of my child participating with Hopeful Tomorrow, Inc. I do hereby remiss, release and forever discharge Hopeful Tomorrow, Inc. of any and all forms of liability, claims, demands, actions and causes of action whatsoever, arising out of or relating to any loss, damage or injury including death, that may be sustained transporting to or from or during the course of any Hopeful Tomorrow, Inc. function. The undersigned, being duly aware of the risks and hazards involved, hereby elects to voluntarily assume all risk of loss, damage or injury including death that may be sustained. This release shall be binding upon the distributor, heirs, next of kin, executors and administrators of the undersigned. In signing the foregoing release, the undersigned hereby acknowledges and hereby represents that he/she has read the foregoing release, understands it, and voluntarily signs it.

Parent Guardian Signature _____

Parent/ Guardian: Please attach letter explaining why child should be considered for a Hopeful Tomorrow Scholarship

THIS SECTION COMPLETED BY SPONSORING STUDIO

Studio Name _____

Studio City and State _____

Studio Contact _____

Child Referred By: _____ Parent/ Guardian _____ School Personnel
_____ Law Enforcement _____ Social Service Agency _____ Other _____

Name of Referring Agency _____ Phone (____) _____

Contact Person _____

I consider this child to be considered at-risk due to the following reasons:

Please check all that apply.

_____ Academic Failure _____ Excessive School Absences _____ Substance Abuse

_____ Teen Pregnancy _____ Negative Peer Groups _____ Alcohol Abuse

_____ Gang Involvement _____ Domestic Violence _____ Problem Behavior

_____ Economic Deprivation _____ Family History of drug and/or Alcohol Abuse

_____ Parent Incarcerated _____ High rate of neighborhood crime

_____ Lack of bonding, prefers to be alone _____ Other _____

_____ Mentally/ Physically Impaired (Explain) _____

Why do you think this child needs Hopeful Tomorrow and can benefit by being involved with your studio?

Studio Contact Signature