



DATE _____

Student Scholarship Form

Student Name: _____ Student Age _____

Guardian Name: _____ Student Pronouns _____

Guardian Phone: _____

Guardian Email: _____

Student Address: _____

City, State, Zip: _____

Please check out our course list on adkartrise.com/book-online

Which course are you interested in taking? _____

Please describe what it would mean to you to receive a scholarship for this course:

Guardians:

Are you a single Parent? _____ Are you an Essential worker? _____

What is your Household Income level?

Under \$20,000 \$20,001-\$40,000 \$40,001-\$60,000 \$60,001-\$80,000 \$80,001 +

How would you describe your ethnicity? Check all that apply

Hispanic, Latino, or Spanish

Native American Indian or Alaskan

Asian

Black or African American

Native Hawaiian or Pacific islander

White

Other/prefer to self describe _____

If you are not awarded a spot would you like to go on our waiting list? _____