



Scholarship Application

Please email completed application to info@impactboston.org

Name Age

Address City Zip Code

Phone Number E-mail

What class are you applying to take?

How did you hear about IMPACT?

Please explain why you want to take an IMPACT class and what you hope to get out of the experience:

Please briefly describe your financial situation, and the factors that make it difficult or impossible for you to afford the class. Please indicate how much you feel you can pay. Keep in mind we have interest-free payment plans (as little as \$20 a month):

I verify that all the information given in this application is true:

Please type name and date below to E-Sign.

Name

Date