

CRYSTAL MARISCAL SCHOLARSHIP APPLICATION

River Center of New Castle, Inc.

2022 Application

Please mail a copy with required attachments to PO Box 272, New Castle, CO 81647
or email to heather@rivercenternewcastle.org

Date: _____

Full Name: _____

Address: _____

City: _____

Phone Number: _____ Email Address: _____

What is the highest level of education you have completed?

____ High School/GED ____ Some college ____ College ____ Trade School ____ N/A

Please describe the training or education that you are planning to achieve:

Where is this training located? _____

What is the cost of this training/class?: _____

Do you have any funds to put towards your training/class?: ____ Yes ____ No

If yes, how much do you have to put towards it?: _____

I verify that I am a single parent: Yes No

Printed Full Name

Signature

Documents to be included with your application:

_____ 500 word or less essay on how this scholarship will enrich your life, your family's life, or the community.

_____ A copy of your previous year's w2 or tax statement.

_____ Flyer or information about the class/training.

We will be doing interviews in person with each applicant. Please select whether a daytime or evening interview will be better for you.

_____ Daytime _____ Evening