

PENINSULA PUFFERS SCHOLARSHIP APPLICATION & CRITERIA

Complete if you are requesting a Scholarship for the program. To be eligible for a scholarship, this form must be complete and faxed to 907-349-0637 by June 1, 2010. Please print clearly.

Participant's Name: Last _____ First _____ Middle Initial _____

Male Female _____ / _____ / _____
Date of Birth Current Age

Parent/Guardian (if applicable): Last _____ First _____ Middle Initial _____ Relationship to Child _____

Address: Street Number _____ Apt. Number _____ Home Phone (____) _____

City _____ State _____ Zip Code _____ Alternate Phone (____) _____

How much of the registration fee can you afford to pay? _____

e-mail _____

Are you currently unemployed? Yes No Receiving any unemployment benefits? Yes No

Are you currently receiving medical assistance? Yes No

Are you currently receiving any other form of public assistance (food stamps, etc.)? Yes No

Does your child use daily asthma medications? Yes No

How many asthma exacerbations has your child experienced in the last 4 months? _____

Does your child know their asthma triggers? Yes No

BASIC SCHOLARSHIP CRITERIA

- Scholarship must be complete and received by the registration deadline.
- Both financial need and severity of asthma will be used to determine eligibility and amount of support. In order to support the maximum number of participant, partial scholarships may be awarded.

Parent/Guardian's Name _____ Date _____

Parent/Guardian's Signature _____ Date _____