



# Quilceda Community Services

## WILLOW PLACE SCHOLARSHIP REQUEST FORM

CLIENTS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER OR EMAIL WHERE YOU CAN BE BEST REACHED: \_\_\_\_\_

**RULES:**

Scholarships are approved by the QCS Board of Directors, and are approved based on financial need and availability of scholarship grant funds. Scholarships are good for only one year and expire June 30th of each year. A new Scholarship request form must be completed each year and submitted no later than June 1<sup>st</sup> of each year.

Please explain why you are requesting a scholarship to Willow Place. If additional space is needed, please use the back of this page.

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PARENT/GUARDIAN SIGNATURE