SCHOLARSHIP APPLICATION FOR RESIDENTS OF COMMUNITY UNIT SCHOOL DISTRICT 200

(**Please mail to:** SEA200, 1008 Gamon Rd. Wheaton, Il 60187)

Name:_____

Address: _____

Phone: (daytime)_____(evening)_____

Email:_____

What will you be using the funds for? (Please circle) Workshop Conference Class

Please state why you would like to attend.

_____
_____
_____
_____.

What is the cost? Please break down the individual cost if it is for multiple things (for example, registration cost, materials, etc…)

_____
_____
_____
_____.

Is there a deposit required?_____. If yes, how much?_____

I, hereby acknowledge that I understand and agree to the terms and conditions set by the SEA200 organization. I understand that SEA200 will not be liable for any accidents or mishaps that may occur to persons attending sponsored events.

Sign_____ Date:_____
Applicant

Sign_____ Date:_____
SEA200 President