

SCHOLARSHIP APPLICATION

Please submit a separate scholarship application form and \$20 deposit for each child attending. Students may apply for a scholarship to only one session of Threshold.

Return by April 30

Incomplete applications cannot be considered due to the large number of requests the scholarship committee must review. Notification of acceptance will be mailed by May 30.

Address				`
-			Telephone ()
Ethnicity				
Threshold Class (cir	cle one) K-1	2-3 4-5	6-10	
Parent/Guardian N	ame			
Employer				
Occupation Annual Salary				Annual Salary
Names and ages of	children in family:			
Name				Age
1. Complete the enr student to hold a clo Students may apply	ass place while the	scholarship pro		payment of \$20 per
2. On the lines below	v please write a par child.	agraph explain	ing financial need or wh	y you are requesting (

per student by April 30. Make checks payable to HSU Threshold. Mail all correspondence to:

Mary Christopher, Ph.D.

3. Return the completed Application Form, the Scholarship Application and a down payment check of \$20