



SCHOLARSHIP APPLICATION

The Parent Encouragement Program (PEP), Inc.
10100 Connecticut Avenue / Kensington, MD 20895 / 301-929-8824 / Fax 301-929-8834

Please complete the application questions below and read and sign the agreement on the reverse side.

1. Name: _____ Date: _____

2. Address: _____ Email _____

3. Phone: (H) _____ (W) _____ 4. Court Ordered

5. Ethnic Group/Race: _____ 6. Female Male

7. Marital Status: Married Single Separated Divorced Widowed

8. Residence: Apartment Townhouse Single Family Home Other _____
Do you: Own Rent Other _____

9. This application for a scholarship is for: Class Workshop Consultation Home Visit
Childcare Transportation Book Other _____

10. What are the reasons you need a scholarship at this time? Please list all reasons. Be sure to include unusual hardships and/or expenses. Be specific. Attach additional paper if needed. _____

11. Annual family income (approximate): \$ _____
Sources of income (include employment, child support, alimony, AFDC, food stamps): _____

12. Employment: Company: _____
Phone: _____
Your supervisor/boss: _____

13. List names & ages of family members: _____

14. List other people living/staying with your family: _____

15. Cost of PEP services: class fee: \$ _____ other (specify type) \$ _____

Amount of Scholarship Requested: _____

Please note that we do not give scholarships for 100% of the cost, you are expected to pay a portion of the costs. Your contribution may be made in installments during the semester using our Payment Plan program. Please check here if you are interested in the Payment Plan .

e-mail: PEPOffice@aol.com

www.PEPparent.org – website with class listing

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SCHOLARSHIP AGREEMENT

PEP's scholarship fund is set up to assist parents in increasing their knowledge and skills when they need them, which is not necessarily when parents can best afford such classes. PEP requires an investment from all parents of their valuable resources - time, energy, and money. Therefore, those who use scholarship funds are asked to pay a portion of the cost, over time if necessary. PEP also asks that when your financial situation improves, you make a donation back to PEP (or to another organization dedicated to strengthening families) of the amount you received, or more. In this way the fund is replenished and continues to contribute to the well being of other families.

I understand and agree to the conditions of this scholarship as stated above and also state that the information I have given is true and complete.

Signed: _____

Date: _____

Note: The information on this form is for PEP's statistical purposes only. No names or identifiable details will be released.

Office use	Year FY 20 ____ Session: ___ Sum ___ Fall ___ Wint ___ Spr
Approved: By: _____ Date: _____	
Amount of Scholarship: \$ _____	
<input type="checkbox"/> Class # ____ Course Title _____ <input type="checkbox"/> Workshop # ____ Workshop Title _____	
<input type="checkbox"/> Childcare <input type="checkbox"/> Book Other _____	
Amount will pay: \$ _____ Payment plan <input type="checkbox"/>	
Payments made:	

Amount Paid	Date	Payment Type

Utilized: _____ Report Funds Transferred

Comments