

SKIRBALL



SCHOLARSHIP APPLICATION

**Applications are due no later than two weeks before
the start date of the semester.**

APPLICANT INFORMATION

Name _____ Birth Date _____
Address _____
City, State, Zip Code _____
Place of Employment _____ Occupation/ Years at position _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-Mail Address _____

COURSE REQUEST

Semester _____ Year _____
Course Title _____
Course Title _____
Have you taken a course at Skirball in the past _____ If so, when _____

SCHOLARSHIP REQUEST

What are you able to pay for the course(s) _____
Reason for request (please be specific) _____

Please provide any additional, relevant information, including unique circumstances

How many scholarships have you received in the past from The Skirball Center?

FOR OFFICE USE ONLY

Date Received _____

ID # _____

Notes _____

Fees _____

Deposit _____

Scholarship _____

Balance _____

Date _____

SIGNATURE _____ **DATE** _____