



# Children of the Earth Foundation

Ensuring the Survival of future generation by guiding youth and community toward a pure connection with the Earth

## Confidential Application for Scholarship

Adult Applicant Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Student's Name \_\_\_\_\_

For which program(s) are you applying and how many participants from your family in each:

Program 1: \_\_\_\_\_ # of Participants \_\_\_\_\_

Program 2: \_\_\_\_\_ # of Participants \_\_\_\_\_

\* Please note, we limit funds to two programs per household each calendar year.

Total Annual Income anticipated for this year: \_\_\_\_\_ \$ \_\_\_\_\_

*(include all salaries, public assistance or other sources of household income for all people in household)*

Total number of adults in household: \_\_\_\_\_

Total number of children under age 18 in household: \_\_\_\_\_

How much do you feel you can you afford to pay total toward the cost of each program per person attending:

Program 1 \$ \_\_\_\_\_ /person

Program 2 \$ \_\_\_\_\_ /person

Unusual Circumstances- please explain if there are special circumstances that you would like us to consider when determining the level of assistance for which you qualify *(medical bills, family emergencies...)*

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I affirm to the best of my knowledge that the above information is true and complete.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please return completed applications to [Holly@cotef.org](mailto:Holly@cotef.org) or fax: 888-479-2481. We will notify you within four weeks regarding the scholarship we are able to provide.