



HUMANE EDUCATION CERTIFICATE PROGRAM

Scholarship Request Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ Phone (evening) _____

Please describe below your scholarship needs (attach extra sheets if needed).

Are there other organizations or foundations that you are pursuing for scholarships? If so, how much scholarship funding have you raised through these sources?

Students who receive scholarships are asked to assist during on-site time, up to one hour per day. Please sign below if you are willing to help with small tasks during residency trainings.

Name: _____

Signature: _____ Date: _____