



HUMANE EDUCATION CERTIFICATE PROGRAM

Scholarship Request Form

Scholarships are awarded based on the demonstrated financial need and the availability of funding and may provide up to a \$500 waiver of the Residency/IPP fee. If needed, please attach additional sheets and submit it with your application.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ Phone (evening) _____

Please describe below your scholarship needs:

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: _____