The Walden Project - *New York*Need-Based Scholarship Application 2020-2021

The Walden Project uses *The Willowell Foundation* to process financial aid applications. This nonprofit organization provides us with an estimated amount each family can contribute to educational expenses. We then review each application on a case-by-case basis and work closely with families to get them the funding they need.

Those students interested in applying for need-based scholarships for the 2020-2021 school year must

- 1. Complete the Online Application Form on the website, <u>www.waldenprojectny.com/apply.</u>
- 2. Print and complete this Needs-Based Scholarship Application form, and submit it by July 30, 2020.
- 3. Provide a copy of the first page of parents/guardians' most recent 1040 Tax Form. (Forms will be shredded.)

Send completed forms to:

Willowell Foundation PO Box 314 Bristol, VT 05443

For more information or questions please contact Tasha Ball, Administrative Director: Tasha@willowell.org or call (802) 453-6195.

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Student				
Name:				
Date of Birth:	Grade in School (or Home	eschool Equi	valent):	
Address:				
City:		_ State:	Zip:	
Phone #:	Email:			
Does student work? Yes () No ()	If so, Approx. A	Annual Incon	ne:\$	
Parent/Guardian #1				
Name:				
Address (if different from student)				
City:			State:	Zip:
Phone #:	Email:			
Occupation:		Approx. An	nual Income: \$_	
Parent/Guardian #2				
Name:				
Address (if different from student)				
City:			State:	Zip:
Phone #:	Email:			
Occupation:		Approx. An	nual Income: \$_	

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Other Children	
Total number of children claimed as dependents by Pare	ent/Guardian #1 and #2:
Additional Information	
Please explain any additional factors which you feel The help us make a decision regarding your request (i.e. any college, family expenses, major illnesses, etc.). Please feel	temporary financial difficulties, number of children in
Other Funding Sources	
Are any funds being provided by sources other than the If so, please identify the source(s) and amounts:	student's parents? Yes () No ()
Source 1:	Amount: \$
Source 2:	Amount: \$
Optional	
How much is your family able to contribute towards the	program? \$
*By signing below, you certify the information provide	ed on this form is accurate.
Student's Signature	Date:
Parent/Guardian #1's Signature	Date:

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Parent/Guardian #2's Signature	Date: