



Scholarship Application

Thank you for your interest in a scholarship at the Legacy Center! Please tell us a little about yourself.

Name *

First Name

Last Name

How long have you been a learner at the Legacy Center? *

Years and Months

Will you be able to commit to the full year of the program (July-June)? *

YES

NO

If no, why not?

What was your annual income from the previous tax year? Please estimate if you are unsure. *

ex: \$20,000

How many people currently live in your household (including yourself)? *

ex: 3

What is your relationship to them? *

Are there any special circumstances you would like to share?

Please be advised that we may speak with your tutor as well as look at your consistency of attendance.
We reserve the right to ask for further financial information.

Please submit your application to tlc4cs@tlc4cs.org or turn it in at The Legacy Center office.

*Required Field