

Summer BLAST Scholarship Form

All information will be kept confidential.

Parent/Guardian Name _____

Address: _____

Phone: _____

Number of children attending Summer BLAST: _____

Amount you are able to pay: _____

Amount of scholarship requested: _____

Reasons for which you are requesting a scholarship
(unemployed, multiple children, etc.)

Please return to Summer BLAST, Unity Church, 215 Unity Center Road, PA 15239