

Keene Community Education

227 Maple Ave.

Keene, NH 03431

(603) 357-0088 Fax (603) 357-9070

ADP Scholarship Application

The usual award is \$50 and most classes are \$140. Please speak with Director Jan Barry if this award does not meet your need. Students/Parents are responsible for the remainder of the balance.

1. Student Name: _____

Name of financially responsible party (if other than student):

2. Are you receiving government assistance, Vocational Rehabilitation services or other financial benefits (such as food, housing, fuel, child care, SSI or other assistance)? YES NO

If YES, please state agency or agencies providing assistance:

Name of Agency	Type of Service or Assistance

3. Are you employed? YES NO

If YES, where? _____

4. Please tell us about your monthly income and expenditures. Use space on reverse side if needed to demonstrate scholarship need:

PLEASE NOTE: One additional document verifying the income/expense information given above must accompany this form. Examples include a substantial bill, pay stub OR written verification from an agency providing assistance

Signature of Applicant: _____ Date: _____