

The fee for 40-hour training is \$400. Please select the amount of scholarship you feel you would need in order to volunteer with A Safe Place.

\$50	\$100	\$150
\$200	\$250	\$300

Other: \$ _____

Applicant Statement of Understanding

I understand that a submitted application does not guarantee a scholarship reward. If I choose to continue the volunteer process with A Safe Place, it will be at my own cost. If a scholarship of any amount is awarded to me, I agree to commit the minimum number of volunteer hours set forth by A Safe Place.

Printed Name

Signature

Date

For Office Use Only:

Date received: _____ Interview completed: _____

Scholarship granted

Amount awarded: \$ _____

Scholarship denied
