



Project Assist Incorporated

STUDENT SCHOLARSHIP APPLICATION

Application Date: _____

Student's Name: _____ Date of Birth: _____

Address, City, State, Zip: _____

Parent/Guardian's Name: _____ Phone: _____

Place of Employment: _____ Phone: _____

Annual Household Income: \$ _____ (may verify) No. of Dependents: _____

The student hereby acknowledges and understands that Project Assist, Inc. is not making a specific recommendation or referral of the student to a school or studio. The student or his/her parent or guardian hereby waives any liability against and releases Project Assist, Inc. as relates to the selection of or acts of the school or studio and its agents and employees.

Student Signature _____ Students SSN: _____

Parent/Guardian Signature _____ SSN: _____

I agree to provide transportation for my child by way of _____

In consideration of my child participating with Project Assist, Inc. I do hereby remiss, release and forever discharge Project Assist, Inc., of any and all forms of liability, claims, demands, actions and causes of action whatsoever, arising out of or relating to any loss, damage or injury including death, that may be sustained transporting to or from or during the course of any project Assist, Inc., function. The undersigned, being duly aware of the risks and hazards involved, hereby elects to voluntarily assume all risk of loss, damage or injury including death that may be sustained. This release shall be binding upon the distributor, heirs, next of kin, executors and administrators of the undersigned. In signing the foregoing release, the undersigned hereby acknowledges and hereby represents that he/she has read the foregoing release, understands it, and voluntarily signs it.

As the parent/guardian, I agree to support the fundraising efforts of Project Assist to keep my child's account funded; thus allowing him/her to continue to participate in the programs. Failure to do so may result in forfeiture of my child being able to participate in Project Assist and its programs. I further realize that if I default on this agreement, I may not be able to renew it in the future. _____ (initials)

Parent/Guardian Signature _____

(Parent/Guardian may attach letter explaining why youth should be considered for Project Assist's Scholarship)

(This section to be completed by sponsoring studio)

Studio Name _____ Studio Number _____

Studio Contact person _____ Youth Referred by _____

Why should this youth be considered for Project Assist, Inc.? _____

Studio Contact Signature

Studio Contact (Printed)