

Supporting Youth Education and Employment Scholarship Application

Please print clearly:		
Name		
Address:		
Phone:	Email	
Date of Birth:		
Name of High School Attending/Graduated:		
Information for current	course enrollment	
Participating School:		
Program:		
Program Timeframe:		
School Address:		
School Phone/Website:		
Program Contact:		
Billing Information:		
Please explain your need	d for the scholarship funding:	

Piea	ase cneck your status:	
	I am a youth or young adult ages 18-30 I am a resident of Cambria or Somerset Counties I am enrolling in a program that will be completed in I	ess than one year
List other grants and scholarships received for this program:		
I have read and understand the scholarship requirements as explained in the guidelines. I affirm that I have or plan to enroll in a short-term training program that leads to direct employment. Please initial		
I give my permission to use my name and photo on marketing materials. Please initial		
Sign	nature:	Date:

Applications will be accepted and awarded in 2020-21 on an ongoing basis or until funds are depleted. Submit your information to Debi Balog, Director, Workforce Development at dbalog@jari.com or by mail to 245 Market Street, Suite 200, Johnstown PA 15901. Scholarship funds will be sent directly to the participating school.

The scholarship program is funded by the Community Foundation for the Alleghenies 2021 Community Initiatives Fund