

Children of the Night Scholarship Application

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3450 Cahuenga Blvd. West. Unit 602

Los Angeles, CA 90068

[www.childrenofthenight.org](http://www.childrenofthenight.org)

**Instructions:**

1. Submit completed application to [llee@childrenofthenight.org](mailto:llee@childrenofthenight.org)
2. Attach current transcripts.
3. Attach proof of enrollment of courses including receipt/ quote of tuition cost(s).

**Personal Information**

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Student ID#: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Academic Information**

Name of College: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of Units Enrolled for Current Semester: \_\_\_\_\_

Do you have reliable transportation to and from school? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If this scholarship is awarded, will you sign a release with your school for Children of the Night to access your school progress? Yes \_\_\_ No \_\_\_

Cost of Tuition per Semester: \$                     

*Note: Tuition will be paid directly to an Educational Institution. Funds for Books will be reimbursed subject to a copy of a current transcript and receipt from Educational Institution.*

I certify that the statements herein are true to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_