

Children of the Night Scholarship Application

3450 Cahuenga Blvd. West. Unit 602

Los Angeles, CA 90068

www.childrenofthenight.org

Instructions:

1. Submit completed application to 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 Unites 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: _____