



MAHEC/WCU HEALTH CAREERS
SUMMER CAMP
June 21 – 27, 2009



Request for Scholarship

PARENT OR GUARDIAN INFORMATION

I would like for (student name) _____ to attend the **MAHEC/WCU Summer Camp, June 21 - 27, 2009** and we request financial assistance in the amount of: \$ _____.

Number of people living in the household, including this child:

___1 ___2 ___3 ___4 ___5 ___6 ___more than 6 (*please indicate number*) _____

Average annual income level for the household (*please circle one*)

- | | | |
|---------------------|---------------------|---------------------|
| \$0 - \$9,999 | \$40,000 – \$49,999 | \$80,000 - \$89,999 |
| \$10,000 - \$19,999 | \$50,000 – \$59,999 | \$90,000 - \$99,999 |
| \$20,000 - \$29,999 | \$60,000 - \$69,999 | \$100,000+ |
| \$30,000 – \$39,999 | \$70,000 - \$79,999 | |

Please advise us of **any** problems, concerns or circumstances that MAHEC should be aware of in order to make a decision regarding providing assistance for the student (i.e., if the student does not receive assistance, they will not be able to attend, more than one child attending course, etc.). We want all students to have access to this opportunity regardless of economic status. *All information provided is strictly confidential.*

Comments:

Please print parent name: _____

Parent signature: _____ Date: _____

Return form to: Jacquelyn Hallum, Director
Health Careers and Diversity Education
MAHEC – 501 Biltmore Avenue
Asheville, NC 28801
Fax: (828) 258-2097 or email: jacquelyn.hallum@mahec.net