



## 2019 Scholarship Application

*Please fill out one form per person applying.*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization/Business (if applicable) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Reason for need of scholarship:

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Why is this event important to you:

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Do you have any special dietary needs? \_\_\_\_\_

**Please send to [acarter@breakingfree.net](mailto:acarter@breakingfree.net) or by fax (651) 645-7073 or by mail**

Aliyah Carter  
Breaking Free  
P.O. Box 4366  
St. Paul, MN 55104

*You will receive an email confirmation after your application has been received and processed.*