



The Foxfire Fund, Inc.  
Attn: Education Coordinator  
PO Box 541  
Mountain City, GA 30562  
p: (706) 746-5828  
f: (706) 745-5829

## Class/Workshop Scholarship Application Form

All information given is confidential and will be kept on record at the Foxfire Museum and Heritage Center.

Name of Applicant (parent/guardian if applying for minor): \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

What is the household income? (Foxfire may request proof of income information):

Per Year \$ \_\_\_\_\_

Per Month \$ \_\_\_\_\_

Per Week \$ \_\_\_\_\_

Number of persons in household? \_\_\_\_\_

Are you currently receiving any other form of financial assistance? \_\_\_\_\_

Amount Requesting: \$ \_\_\_\_\_ toward tuition fee of \$ \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Title of class/workshop: \_\_\_\_\_

Other information or comments:

\_\_\_\_\_  
\_\_\_\_\_

Please sign below:

I certify that all of the above information is correct and true and that all income is reported.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date