



Program Scholarship Application

Participant:

Parent/Guardian Name (if applicable):

Phone number: Age:

Will you have other family members attending this program? Yes No

How many? Names/Ages:

Address:

Email Address:

Program applying for:

Briefly describe your personal or family's financial need for a scholarship:

Does your child qualify for free/reduced lunch from school? Yes No N/A

Briefly describe your child's or family's need for a healthy lifestyle/weight management program (examples: weight, BMI, nutrition, or exercise habits):

We offer very few full aid packages, how much can you afford to pay for the program per participant? \$

PLEASE RETURN FORM TO:

Address: Hurley Community Wellness, 411 E. 3rd St. Flint, MI 48503

Email: WELL4ME@hurleymc.com • Fax: 810-237-9364