

2017-2018 LifeTown Columbus School Application

- Application for a single class or school.
 Application for the entire school district.

School District:	
County:	School, if applicable:
Primary Contact Name:	
Title:	
School, if applicable:	
Phone:	Email:
Address:	
Special Education Director Name:	
Title:	
Phone:	Email:
Address:	
Principal Name:	
School, if applicable:	
Phone:	Email:
Address:	

Attendance Worksheet

(# of students coming) X (# of visits per student) = Total # of visits

Grades	# of Students Coming	# of Visits Per Student	Total # of Visits
K-2			
3-5			
6-8			
9-12			
Total			

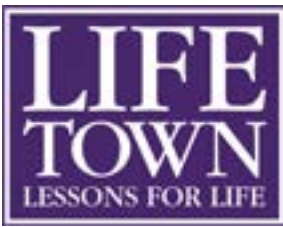
Pricing: Per student, per visit: \$55.00

Cost: Total # of visits _____ x \$55 = _____

- We would like a scholarship to help with the cost.

Please see reverse side for scholarship information.

For any questions, please contact Sarah Ryan, School & Volunteer Coordinator
614-300-3137 or 614-939-0765
Sarah@LifetownColumbus.org
www.LifetownColumbus.org



2017-2018 LifeTown Columbus Scholarship Application

Partial scholarships are available now. To apply for a scholarship, please complete the information below to the best of your ability.

School District Demographics

	Less than 25%	25 - 50%	51 - 75%	More than 75%
African American				
Asian				
Caucasian				
Hispanic				
Other				

Percentage of students receiving free or reduced lunches* _____

Please explain in 1-2 sentences how life, social and pre-employment skills training at LifeTown will benefit your students.

If we are selected for and accept a scholarship, we agree to the following:

- We are reserving the contracted number of visits and are obligated to pay for those visits.
- Every attempt will be made to reschedule cancelled visits, however, in the event the schedule does not permit make-up visits, the school district is still obligated to pay for those contracted visits.
- Any unused visits will be forfeited.
- Any increase to the contracted visits will be charged at a reduced rate.
- We will actively request photo releases from guardians/parents for students and teachers.
- Teachers will be asked to provide a formal testimonial of their experience at LifeTown.

Proposed Cost: Total # of visits _____ x \$55 = _____

We request of scholarship of: _____

Special Education Director or Principal Signature

Date

