



American Red Cross Health and Safety Services
Application for Financial Assistance

Name: _____
Address: _____
Phone: _____

Date: _____

Assistance requested for which class? _____
Date of Class: _____

Why are you taking the class (school requirement, job requirement, etc.)?

What do you hope to gain from this training? _____

Have you received a scholarship from this fund before at the American Red Cross? If so, when, was it a partial or full scholarship, and for which course? _____

How much of the course fee do you feel you can pay yourself? _____

How did you learn of this scholarship (agency referral, newspaper, etc.)? _____

Financial Assistance for Health and Safety Classes made possible with the support of the United Way of Henderson County

Office Use Only

Scholarship Granted Y N

Amount: _____

Comment: _____

Date: _____

Staff Signature: _____