

## HRIPV Scholarship Request

The policy of the Healing Racism Institute of Pioneer Valley is to provide scholarships to those candidates who are accepted into the Healing Racism session and demonstrate financial need that will prevent participation. We are committed to ensuring all qualified organizations and individuals are able to participate.

Award amounts are based on the number of requests received and the amount of funds available each year. Priority for scholarships is given to those candidates who are either employed in the non-profit sector, public sector, small businesses, self-employed, or not employed. **To be considered for financial assistance you must complete the form below and submit it with your Healing Racism Institute of Pioneer Valley Application.**

Applicant \_\_\_\_\_

Phone \_\_\_\_\_ Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

1. Amount you are contributing toward cost: \$ \_\_\_\_\_ (*\$100 suggested amount*)  
2. Amount your employer is contributing toward cost: \$ \_\_\_\_\_  
3. Amount of scholarship assistance requested: \$ \_\_\_\_\_ (*include personal + sponsor*)

*Total Tuition: (total lines 1-3)* \$ \_\_\_\_\_ *300*

4. Describe your employer or organization. Please check all which apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Nonprofit/government</b> | <input type="checkbox"/> <b>For profit</b>     | <input type="checkbox"/> <b>Self Employed/Other</b> |
| <input type="checkbox"/> Less than 25 employee's     | <input type="checkbox"/> 50- 100 employees     |   |
| <input type="checkbox"/> 25-50 employees             | <input type="checkbox"/> 100 or more employees |   |

5. Describe your need for financial assistance briefly, including a description of your specific financial situation.

*I confirm that the above information is a true account of my situation.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*All information will be kept strictly confidential.*