



SKY SCHOOLS TEACHERS CERTIFICATION PROGRAM SCHOLARSHIP APPLICATION FORM

NAME:

EMAIL:

PHONE:

CITY/STATE:

1. Scholarships are awarded on the basis of financial need. Please explain why you are applying for a scholarship.

2. How much can you afford to contribute to the full fee of \$5,000 for the SKY Teachers Certification Program? Do you plan to pay in a lump sum or monthly for 6 months?

3. Are you currently volunteering for IAHV or AOL?
Describe your Role. How many hours per month?

Thank you for applying.

Please email this completed application to skyschoolsdesk@iahv.org