



Request for Scholarship **Declaration of Eligibility**

Scholarships of “Red” memberships are available to residents who qualify, in exchange for 5 hours of volunteer work per quarter. Members on scholarship must complete the first 5 hours of volunteer time before you may produce a show. Volunteer work shall be designated by CMAP staff.

I, _____, request a scholarship / waiver of

- Membership fees / training class fees, and I declare as follows (check appropriate boxes):
- I am eligible for assistance under Federal programs such as Medicare, Medicaid, food stamps, school lunches, student (financial) aid, or housing assistance, or I meet the poverty guidelines on the other side of this page.
- I am eligible for State or County programs such as Medical, CalWORKs, housing assistance or other community programs, etc.
- I do not qualify for either of the above, but request a scholarship because _____

Please explain any skills you have that may help CMAP best utilize your volunteer hours.

Typing: _____ wpm Computer Skills: _____

Other office equipment you can operate: _____

Production Skills: _____

Other: _____

In signing below, I declare that the foregoing information is true and correct, and I acknowledge that I have the same privileges and responsibilities as paid “Red” membership would entitle me.

Your Signature

Date

Staff Use Only

Staff Approval: _____

Date: _____