



Wells Fargo Community Assistance Fund Scholarship Application

This scholarship can be applied toward any Yampatika program or set of programs.

Deadline: Two weeks before start of desired program.

Participant Name: _____ Age (if a minor) _____

Parent(s) or Guardian (if participant is a minor): _____

Scholarship Applicant (if other than participant or guardian): _____

Applicant's Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Mailing Address: _____

Desired Program(s) and Date(s): _____

Are you a member of Yampatika? Y / N

Total cost of program(s): _____

Please choose one:

Full Scholarship

Matching Scholarship (we match your payment)

Fractional Scholarship, Specify amount _____

Why do you want to participate in our programming (or arrange for the participant to do so)?

Optional: Are there special considerations or circumstances that led you to seek out this scholarship?

Applicant or Guardian's Signature (if under 18): _____

Date: _____

*Yampatika will review this application on a first-come, first-serve basis. Applicants will be notified of decision as soon as possible. Please feel free to call Yampatika with any questions.
Thank you for your application!*

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