

T.A.L.K. SCHOLARSHIP APPLICATION*

TO BE FILLED OUT BY HAND AND RECEIVED BY T.A.L.K. BY THURSDAY BEFORE START OF CLASSES
EMAIL TO TALKPROGRAM@HOTMAIL.COM OR MAIL TO PO BOX 757, DAVIS CA 95617

Parent/Guardian Name: _____

Phone(s): _____

Email Address: _____

Mailing Address: _____

Child or Children's Name(s) to be Enrolled: _____

Class(es) for Enrollment: _____

Language: _____

Class Site: _____

DAC Catalog Number: _____

Class Time: _____

TALK Scholarships are based primarily on financial need, overall program enrollment numbers, and a desire to learn another language. Parent participation is encouraged.

YOU MUST RE-APPLY FOR SCHOLARSHIPS EACH SEMESTER

Monthly Income: _____

Source of Income: _____

Number of Dependents: _____

Please provide a short narrative detailing your need for the TALK scholarship and reasons why learning a second language is important to you. Scholarship decisions will be made by the TALK Board no later than the second week of each semester.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____, _____ in Davis, California.

(day)

(month)

(year)

Parent/Guardian Signature

*TALK Board Members and their families are not eligible for scholarships.

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