

American Red Cross, Toledo Region
Scholarship Request Form

<i>Participant Information</i>	
Student's Name:	
Parent/Guardian's Name (if applicable):	
Date:	
Street Address:	
City:	Zip:
Daytime Phone:	Evening Phone:
E-mail:	
Class requested:	

200% Poverty Guidelines

# in Household	Monthly	Annual
1	\$1733	\$21,780
2	\$2333	\$29,420
3	\$2933	\$37,060
4	\$3533	\$44,700
5	\$4133	\$52,340
6	\$4733	\$59,980
7	\$5333	\$67,620
8	\$5933	\$75,260
9	\$6533	\$82,900
10	\$7133	\$90,540
Each Additional	Add \$600	Add \$7640

- Income must be at or below or meet stated income, based on number in household.
- Valid I.D., 2010 tax return and pay stubs required for approval.
- For consideration, please return application and documentation to the address below.
 You will be contacted after your request is reviewed.

American Red Cross
 Director of Programs and Services
 3100 West Central Avenue ~ Toledo, OH 43606