

Please Print Date				
Name (last)	(first)			
Address				
Apt. #				
City	StateZip			
E-mail	-			
Phone (day)	(eve)			
Program you wish to attend:				
Title:				
Course Code:				
Date of Event: Tuition fee to 50% scholarships.	in catalog (non-member	price) \$	The Open Center provid	es up
	Office Use O	Only		
Scholarship Discount:	Balance Due:	Compu	er:	
Name:	Class:	Date:	Fee:	

Please give us a brief statement regarding your financial need for this scholarship. Annual income, number of dependents and/or special circumstances you feel are important for us to know. We will contact you for financial documentation if necessary.

In a few words, tell us why this program is of particular importance



to you:

Scholarships are not always available. You should only apply for a scholarship if it is really not possible for you to pay the entire tuition for the class. Paying the full amount through registration is the only way to guarantee admission to a class. Please mail to: Scholarships, New York Open Center, 22 East 30th Street, New York, NY 10016 Or you may email your completed application to scholarships@opencenter.org