

# Starfish Project, Inc.

## Application for Program Assistance

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Female  Male

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I am interested in:

Full Scholarship

Partial Scholarship



*Please return to:  
Starfish Project, Inc.  
P.O. Box 272  
Norwalk, OH 44857*