



AUGUST 2020 Scholarship Application

Applicant Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

If you are in a program that helps women please list program name: _____

Higher Education Start Date: _____ Anticipated End Date: _____ Amount Requested: _____

Name of School/Training: _____

1. Please circle the type of adult entertainment establishment you are or were employed with:
Brothel/ Online/Escort/Porn/Strip Club/ Sex Spa/ Street Prostitution/Victim of Sex Trafficking/Other: _____
2. How long have you worked in the sex industry? _____ years _____ months
3. How old were you when you became employed in the sex industry? _____ years old
4. Are you currently in the sex industry? Yes or No Exit Date: _____ or Anticipated Exit Date: _____
5. Are you related to any members on the Scholarship Committee, officers, trustees or donors? Yes or No

✓ **Application Check List:**

- ✓ Must be a resident of Georgia or Alabama. Due to limited funding we are only able to offer support to these states at this time.
- ✓ *Attach one-page Essay about applicant "Story about herself and how will she use the funds to further her education".*
- ✓ *If applicant is still employed in the sex industry, she must include a plan of action and describe how she will use the funds to help transition out of the sex industry. May be included with essay or attach separate page.*
- ✓ *May attach a nomination letter from program director, individual or business. (optional)*
- ✓ *Submit letter of Acceptance or Enrollment Letter or Higher Education Class/Training Info or Certification Info.*
- ✓ *Completed Application Form must include amount requested and cost of schooling*
- ✓ *Must attach proof of Residence (Utility Bill) & Photo ID*

Deadline Submission: July 31, 2020 **Award Amounts:** Between \$100-\$1500 **Notification Date:** August 2020

Thank you for completing 4Sarah's Scholarship application. All information submitted will remain confidential and only be viewed by 4Sarah's Scholarship Committee. **Send completed application and essay to:**

4Sarah, Inc. Attn: Scholarship Program
P.O. Box 82685 Conyers, GA 30013
Hotline: 470-362-8808 or 404-312-6793
Web: www.4Sarah.net Email: 4Sarahscholarships@gmail.com

Signature of Applicant

Date

Scholarship Committee Use Only:

Applicant #: _____
Date received: _____

Score: _____
Award amount: _____