



MAY 2023 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
6. Have you applied for any additional scholarship opportunities? Yes or NO
If yes please list who you applied with: _____

✓ **Application Check List:**

- ✓ Must be a resident of Georgia, Florida 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: APRIL 30, 2023 **Award Amounts:** Between \$100-\$1500 **Notification Date:** MAY 2023

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: _____