

## **Eichhorn Scholarship/Payment Plan Request**

Thank you for requesting financial support to participate in a program at Dominican Center Marywood. Please apply before registering for a program. Complete the following and email it a minimum of 2 weeks prior to the beginning of the program to programs@dominicancenter.com. You can request a payment plan AND a scholarship, if needed. Our scholarships are limited to \$50-\$200 per request. If you need more financial support, please call Mindy Hills, the Director of Dominican Center at 616-514-3360.

STEP 1: APPLICAN	IT INFORMATION			
Name of Applicant			Date	
Title of Program			Program Fee	
Address of Applicant		Email Address	Email Address	
City	State	Zip Code	Phone Number	
	OR REQUEST	the program AND.	who were requesting financial assistance	
Please snare below why you	u are interested in attending	the program AND V	why you are requesting financial assistance.	
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STEP 3: PAYMENT	PLAN REQUEST			
Payment Plan: If you can m	anage the full cost with a mo	onthly payment plan	n, please indicate how much you will pay per	
month. The entire fee will n		± h .		
Monthly Payment: \$	Starting wic	onth:	<del></del>	
STEP 4: SCHOLARS	HIP REQUEST			
Scholarship: If you are requ	uesting a scholarship, please	indicate how much	you are requesting: \$	
_	a church or organization that complete and submit the m	•	with that can contribute towards	
Please return this form	to Mindy Hills Director of Do	minican Center at N	Marywood, mhills@dominicancenter.com	
For Dominican Center Ma	rywood use only:			
Dominican Center Marywo	_	Director, Dom Signature:	inican Center Marywood	

Eichhorn Scholarship for \$\_\_\_\_\_