

The Sewing Labs

Scholarship Application Form



The Sewing Labs offer progressive skills training in personal sewing, industrial sewing, and quilting and sewing entrepreneurship. The instructional units and skills are taught in phases with the intent for the participant to complete & master each phase in order to earn a Job Skills Certificate.

The Sewing Labs also offers sewing related classes/workshops in personal sewing, quilting and beyond to expand learning in the Legacy of Sewing. These programs are offered to all community members regardless of financial needs.

Through the generosity of our supporters, **The Sewing Labs** is able to offer a limited number of partial and full scholarships to programs and events. If you are in need of a scholarship, submit this form with supporting documents - email to - Scholarships@thesewinglabs.org or mail to - The Sewing Labs at 526 Campbell St , Kansas City, MO 64106. For further information please call Linnea Stevens at 816.888.3051

Program/Class applying for:

_____gmail.com_____

Date of Program/Class : (if known) _____ Program Fee: _____

Name of Applicant: _____

Mailing Address: _____

Email address: _____ Phone #: _____

1. **Reason for scholarship needs** - Please note that proof documentation is required with this form.

Check the circle for any of these items that you are currently receiving or a member of any of the following services/groups?

- Social Security (SSI/SSDI) DSHS Benefits SNAP (food stamps) TANF
 WIC Veteran Unemployed Medicare Disability

Do you have other barriers that need to be considered? Please list all that you feel need to be considered for scholarships. (All information is kept confidential) _____

2. **Referral from supporting Agency** - Persons requesting full scholarship assistance may also need to have a supporting agency letter of referral. Form letter attached.

Type of scholarship desired: check one - \$\$ amount filled in by TSL upon approval

Volunteer Work Exchange You contribute 1 hr for every \$5 of class fee in exchange for admission and participation in the event. ** hours must be contributed prior to scholarship request

Partial Scholarship You pay only for the cost of the class materials (approximately half price- varies per class) \$ _____

Full Scholarship Your scholarship is fully funded through the TSL scholarship fund - which is supported by outside partners.

TSL wants everyone to have an opportunity to participate in programs. Limited scholarships are available for all classes/events, please fill out this form and submit 1-2 weeks prior to the course start date for consideration.

Please note - filling out this application does not guarantee scholarship assistance.

For Office Use: Reviewed by: _____ date: _____ Approved/ funded by: _____, \$ funded: _____ date: _____

526 Campbell St, Kansas City, MO 64106, 816.888.3051

Supporting Agency Letter of Referral

This form can be used for Agency Referral when submitting a request for Scholarship funding

** please note - submittal does NOT guarantee acceptance.

To ***The Sewing Labs***, on Behalf of

I, _____, Title _____,

Agent for (list agency name, address, phone #)

Are submitting this letter of Referral for our client

_____ to be considered
for enrollment into The Sewing Labs course of programs for the year _____.

I validate that they qualify and are supported by our agency and services and therefore have a need
for scholarship funds for the TSL courses requested below.

Agent contact information:

Name/Title _____

email address _____

Phone number _____

The Sewing Labs Course Information

Course Title _____

Dates _____

For Office Use: Reviewed by: _____ date: _____ Verified by: _____, date: _____

526 Campbell St, Kansas City, MO 64106, 816.888.3051