

Gradalis Waldorf Training Scholarship Application (fillable form)

Date o	f Application:
Full Na	ame:
Addres	ss:
Phone	#:
Birthd	ate:
Name	of School where you teach:
Curren	nt Grade:
	lify for a one-time Tuition Scholarship up to \$2000, the student must meet the Deadline for ting this Application and the Criteria as follows:
•	May 1 st , 2024: Current students in the Gradalis Teacher Training January 1 st , 2025: New 1st year students after successful completion of the first two semesters
Criteri	a for Scholarship Awards for Gradalis Students:
	Student is not already receiving financial support from their School to pay for or contribute to their tuition Must have successfully completed at least 2 semesters of the Gradalis Waldorf Teacher Training
3.	Program Is in good standing with Gradalis at the time of application. These include: a. Maintains an average of 3.0 or better in all courses each semester b. Maintains an attendance of 90% each semester or overall in the training c. Is up to date on all tuition payments
Does y	our School contribute to your tuition? Yes No
	If so, how much? 100% 50% Other
_	u qualify for any Gradalis Discounts? Yes No check the ones that apply:
2.	School Discount of \$2400 (available to students with 3 or more teachers participating in the Gradalis Teacher Training from the same School) Discount for prior Waldorf training How much \$ UWE Discount of \$3000 for successful completion of Year 1 Additional Discount of \$500 for successful completion of Year 2

After reading the conditions that qualify students for scholarship assistar Gradalis, and by signing this Application, I am verifying the above statem that I understand the terms of this Application.		
Once you've signed and dated the application, print it out to take to a licensed Notary Public for their notarization. (Your bank should have free notary service). Then scan and email this completed application to the GRADALIS Executive Director at dnlong@gradalis.edu to give to the Board of FRIENDS of GRADALIS for scholarship review and determination.		

Should I receive this award, I understand the FRIENDS of GRADALIS Scholarship amount will be deducted from my current balance owed, resulting in lower recurring invoices.		
Please sign and date below: ************************************		
Signature of Applicant	Date Date	

Verification by a licensed Notary below (usually found at your bank for no charge)