



**SAY IT WITH
CLAY**
A THERAPEUTIC APPROACH

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SCHOLARSHIP APPLICATION

(circle): Adult or Youth Age _____ (circle) Male or Female

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Parent's Name (for minors under 18): _____

Parent's Phone (for minors under 18): _____

Race(voluntary)(circle): White Black Asian Caucasian Other

Briefly describe why you would like to attend one of Say It With Clay's hands on therapeutic programs?

Briefly describe the reason for your need for financial assistance:

Would you be willing to write a testimonial about your experiences? (circle) Yes or No

Would you be willing to help market our annual fundraiser Faces of Value; which is how we have raised funds for your scholarship? Yes or No

Terms of scholarship awarded (office use only)

Abbie Kasoff, CEO

Date

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856.858.5994

www.SayItWithClay.org

Clay Helps Give Someone A Voice

