

SCHOLARSHIP/FINANCIAL AID FOR MISSION u

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

phone \_\_\_\_\_

email \_\_\_\_\_

district \_\_\_\_\_

school site \_\_\_\_\_

\_\_\_\_\_ first time attendee

\_\_\_\_\_ other

Send to:

Tracy Jackson-Adams

27 Walbar Street

Rochester, NY 14609