



## Chimney Rock Organic Hemp Farm School Scholarship Guidelines

*We're delighted that you have chosen the Chimney Rock Hemp Farm School Certificate Program. Please read the following guidelines, complete the attached Grower Scholarship application and return it to the address below.*

- Chimney Rock Organic Hemp Farm School offers financial assistance in the form of “Grower Scholarships”. Our hope is to make our program affordable for individuals who would benefit from it, but cannot to pay full tuition. Scholarships are based on financial need and are reviewed as they are received.
- Chimney Rock Organic Hemp Farm School relies on fundraising events and the generous contributions from donors for scholarship funding, therefore available scholarship funds will vary from session to session.
- Please indicate on the application how much financial assistance you are requesting by writing the amount in the space provided. Please keep in mind that, regardless of the applicant’s financial situation, we may not be able to grant all scholarship requests due to the status of our scholarship funds at the time of application.
- A Chimney Rock Farm School Scholarship Application form must be completed two weeks prior to the beginning of the session for which scholarship funds will be used. All information will be kept confidential.
- Final determination of scholarship awards will be determined by the Chimney Rock Farm School scholarship committee.
- Notification of scholarship decisions will be made within one week of application submission in person or by mail or email.
- Because scholarship funds are limited, we ask that scholarship recipients are committed to attending all events on a consistent basis. Funding may be discontinued if 3 or more events, scheduled tasks, etc. are missed during the funded certificate program. Hospitalization terms or physician prescribed absences that result in 3 or more lessons missed will not be counted as reasons for discontinuing funding. Refunds and credits are not given for missed classes, labs, or experiential hands-on time.
- Acceptance of a Grower Scholarship is also agreement to the conditions stated above.
- All completed forms should be returned to:

*CRFS Grower Scholarships  
c/o Jeffrey McConnaughey, Farm School Director  
301 CR 175  
Bayfield, CO 81122*

*Phone: (970)731-1700*

*E-mail: [chimneyrockhemp@gmail.com](mailto:chimneyrockhemp@gmail.com)*

***Thank you for your interest in CRFS Hemp Growers Program!***



# Chimney Rock Organic Hemp Farm School Grower Scholarship Application

*Chimney Rock Organic Hemp Farm School encourages anyone who wishes to participate in our programs but who cannot afford full tuition to apply for a scholarship. Please keep in mind that Chimney Rock Farm School relies on fundraising events and generous contributions from donors for scholarship funding, therefore available funds will vary from session to session and may not be available.*

**\* Applications must be received at least two weeks prior to the start of the session for which they will be used.\***

Participant's Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Date of birth \_\_\_\_\_

Certificate Program(s) Applied for: \_\_\_\_\_

Has participant previously received a Chimney Rock Farm Grower Scholarship? No \_\_\_ Yes \_\_\_ If yes, when? \_\_\_\_\_

Are any other family members applying for or have previously received a Grower Scholarship?

\_\_\_ No \_\_\_ Yes \_\_\_ Who? \_\_\_\_\_ When? \_\_\_\_\_

Participant resides with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_ Guardian \_\_\_\_\_ Self \_\_\_\_\_

Is participant currently receiving any services from any federal or state need-based programs? \_\_\_ No \_\_\_ Yes

If so, what services are being received? \_\_\_\_\_

Parent/Guardian Information:

Name(s) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced/Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**FINANCIAL INFORMATION— The following information is required for financial aid.**

Please list all forms of income received on a monthly basis. Mark N/A for any that do not apply to you.

Wages:	Alimony/Spousal Support (income):
Interest from Savings:	Welfare/General Assistance:
Social Security Benefits:	Pension/Retirement:
VA Benefits:	Insurance Benefits:
Medicaid:	Respite Care:
Unemployment Benefits:	Disability Payments/Workers' Comp:
Child Support (Income):	Other:
Spousal Support:	<b>TOTAL MONTHLY INCOME:</b>

**ADDITIONAL INFORMATION**

Please list any unusual circumstances (debts, illness, etc.) that contribute to your need for assistance.

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I certify that the information provided on this form is true and correct to the best of my knowledge. I also acknowledge that by accepting a Grower Scholarship I agree to the terms set forth in the Grower Scholarship Guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Chimney Rock Farm School Office Use Only**

**Amount granted:** \_\_\_\_\_ **Why denied:** \_\_\_\_\_ **Date:** \_\_\_\_\_