

Leslie's Week
**EDUCATIONAL
ASSISTANCE FUND**

**LESLIE'S WEEK EDUCATION
ASSISTANCE APPLICATION FORM**

FIRST NAME _____ MI _____ LAST NAME _____

CURRENT ADDRESS _____
STREET

_____ CITY STATE ZIP CODE

EMAIL ADDRESS _____

CELL PHONE _____ OTHER PHONE _____

MOTHER'S NAME: FIRST _____ MI _____ LAST NAME _____

YEAR OF LESLIE'S WEEK ATTENDANCE _____ AGE AT ATTENDANCE _____

NAME OF INSTITUTION OF HIGHER LEARNING _____

ADDRESS _____

PHONE NUMBER _____

EMAIL ADDRESS _____

FORM CONTINUED ON NEXT PAGE 

Why is obtaining this assistance important to you?

What are your goals for the future?

What memories did you create at your LESLIE'S WEEK family retreat?

PLEASE ATTACH ANSWERS TO THE 3 QUESTIONS IF THEY EXCEED THE SPACE IN THE BOXES.

APPLICATION DEADLINE IS JUNE 5TH

Attach all required documentation to an email and send to EAF@lesliesweek.org

OR

Mail to: LESLIE'S WEEK, 17329 Corsini Drive, Ft. Meyers, FL 33913

If you have questions, send them to EAF@lesliesweek.org