

GRHE Membership

Financial Assistance Application

If you are in need of a financial scholarship to pay for your GRHE Membership, please fill out this application. We would like to help everyone with a need, but our resources are limited. We will consider each application on an individual basis. Please provide the following information:

Last Name

First Name (both parents if at home)

Street Address: _____

City _____ State _____ Zip _____

Phone _____

Email _____

Do you need a full \$30 scholarship? _____

Please tell us something of your present situation that makes it financially difficult for you to join GRHE. Please note that just the fact that you are a one-income family does not qualify you automatically for a scholarship. Any extenuating circumstance such as a job loss, illness in the family, low total income, or other situation that may apply is what we are looking for here. Thank you for sharing.

Please mail this application along with your GRHE Membership Form to:

GRHE Membership
C/O Joanna Hutchins
6030 Flamingo Dr.
Roanoke, VA 24018