



ARIZONA STITCH LAB

Applicant Name: _____ Date: _____ Phone Number: _____
Cohort #/type: _____ DOB: _____
Email: _____
Address: _____

Attach cover page to the following:

1. 2023 Taxes
 - a. If not available:
 - i. 4 most recent paystubs
 - b. If unemployed:
 - i. Awards letters
 1. AHCCCS
 2. SNAP
 3. Unemployment verification

Email documents to info@azstitchlab.org. Under subject please follow format

AZSL-2024 scholarship: Last, First initial DOB