



Scholarship Application

Student's Last Name: _____ First Name: _____ M.I.: _____

Household income: Please circle amount

Household income is the income of you AND your spouse (if you are married) AND income of working relatives that live with you.

Please select any service(s) that you receive:

- | | | | |
|---------------------|---------------------|---------------------|---|
| Below \$21,257 | \$36,131 - \$43,567 | \$58,442 - \$65,878 | Free or reduced lunch----- <input type="checkbox"/> |
| \$21,257 - \$28,693 | \$43,568 - \$51,004 | \$65,879 - \$73,316 | (SNAP) Food stamps----- <input type="checkbox"/> |
| \$28,694 - \$36,130 | \$51,005 - \$58,441 | Above \$73,316 | TANF----- <input type="checkbox"/> |

Household size: Please write amount _____

Household size includes you, your spouse (if married) all children under 18, and any relatives that live with you.

Please fill in ALL available times your child can come:

Students are scheduled twice a week for at least 1-hour sessions. (To be determined after testing and placement).

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please include any other information that would indicate your family needs financial assistance:

If my child has two no shows without advance notice, he/she will lose their scholarship. *Initial Here* _____

My signature below indicates that all the above information is true and correct and that all income and services are reported accurately.

Parent's Printed Name _____ Parent's Signature _____ Date _____

Administration Purposes Only

Student's Academic Need _____ Administrative Fee _____ Tuition pay rate _____

Approved Signature _____ Date _____