



Scholarship Application

Student Name(s): _____

School child(ren) will be attending: _____

Quality for: Free Lunch Yes No Reduced Lunch Yes No

Parent/Guardian Name(s): _____

Phone Number: _____ E-mail: _____

List Persons Residing in Your Household (Total Number: _____)	

Monthly Income (Before Taxes): \$ _____

SIGNATURE

DATE

Please submit Scholarship Application to:

Carmel Clay Parks & Recreation
ATTN: Linda Acosta
1235 Central Park Drive East
Carmel, IN 46032

OR Fax to:

317.573.5254 (ATTN: Linda Acosta)

SCHOLARSHIP APPLICATIONS WILL BE REVIEWED WITHIN TWO (2) BUSINESS DAYS UPON RECEIVING THE APPLICATION. APPLICANTS WILL BE CONTACTED BY PHONE AND E-MAIL. IF APPROVED FOR AN ESE SCHOLARSHIP (50% OR 100%), A \$30.00 REGISTRATION FEE WILL BE REQUIRED.

ESE Scholarship Application must include a copy of the 2010-2011 school year approval letter from Carmel Clay Schools Food Service Department.

Office Use Only	
Date Received ____/____/____	Date Reviewed & Applicant Contacted: ____/____/____
Qualify: <input type="checkbox"/> Yes <input type="checkbox"/> No	
(If no, does not apply) <input type="checkbox"/> 50%	<input type="checkbox"/> 100%
Scholarship Number: _____	

