



2018-19 Scholarship Application

Student Name(s): _____

School child(ren) will be attending: _____

Parent/Guardian Name(s): _____

Phone Number: _____ email: _____

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

Monthly Income (Before Taxes): \$ _____

***Must include 2017 IRS 1040 tax form(s) for individual(s) listing students as dependents.
Please cover Social Security number.**

SIGNATURE

DATE

Please submit Scholarship Application to:

ATTN: Jennifer Brown
1235 Central Park Drive East
Carmel, IN 46032

OR

Scan & email to
jbrown@carmelclayparks.com

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 (25%, 50%, 75% OR 100%), A \$40.00 REGISTRATION FEE WILL BE REQUIRED PER STUDENT.

2018-19 ESE Scholarships DO NOT Apply to 2019 Summer Camp Series.

Office Use Only	
Date Received _____/_____/_____	Date Reviewed & Applicant Contacted: _____/_____/_____
Qualify: ___ Yes ___ No	___ 25% ___ 50% ___ 75% ___ 100%
Discount Applied _____/_____/_____	

