

Extended School Enrichment (ESE) & School's Out Camp 2019-2020 Scholarship Program

Applicant Information Form

Please print all information legibly. A single scholarship application may be submitted for all students in a family.

Student Name(s): _____

Student Age(s): _____

School Student(s) are Attending: _____

Parent/Guardian's Name: _____

Parent/Guardian's Email Address: _____

Phone (daytime): _____ Phone (evening): _____

Number of household members: under 18 years of age _____ 18 years of age and over _____

Requesting scholarship for (check all that apply): Before School After School School's Out Camps

Completion Checklist

Please review/include:

- Reviewed Scholarship Terms and Conditions
- Included Scholarship Applicant Form
- Included all required documents for verification (listed on Scholarship Terms and Conditions)

Incomplete applications will not be considered and will be returned immediately.

Have you received an ESE Scholarship in the past? _____ If so, when? _____

I/We, the undersigned, understand that the information given will be kept confidential. The information provided is true and complete to the best of my knowledge and belief. I consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I understand that any willful misstatement of material fact will be grounds for disqualification. ***I agree to pay any outstanding balance I have on my household account after all scholarship money has been applied.***

Parent/Guardian's Signature

Date

OFFICE USE ONLY:

Date Received ____/____/____ Received By (initials) _____ Date Reviewed & Applicant Contacted ____/____/____

Qualify ____ Yes ____ No _____ 25% ____ 50% ____ 75% ____ 100%

Scholarship Number _____