

Extended School Enrichment (ESE) 2020-2021 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 complete/include:

- Applicant Information Form
- Signed Scholarship Agreement Form
- All required documents for verification (listed on Scholarship Application Form)

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 _____		