

COMMUNITY AFTER SCHOOL PARTIAL FEE SCHOLARSHIP APPLICATION 2016-2017 SCHOOL YEAR

One scholarship per family. Students that have the same mother or same father are considered same family.

School Name: _____ Application Date: _____

Child's Name: _____

Parent's/Guardian's Name: _____ Phone #1: _____ Phone # 2: _____

Address: _____ City: _____ Zip: _____

1. Has your family been approved for Free or Reduced Lunch meals? Attach confirmation of meal status.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the student a Foster Care Child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is the student homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is there an adult at home who can supervise your child after school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Number of adults living in the household (18 years of age or older).	# of Adults in Household:	<input style="width: 50px; height: 20px;" type="text"/>
6. Number of adults living in household currently working. Each adult must attach the following: Current Federal Income Tax Return Last 2 paystubs	# of Adults in Household Working:	<input style="width: 50px; height: 20px;" type="text"/>
7. Number of adults living in household who are enrolled in and attending school during aftercare hours. Each adult must attach a CURRENT/PAID class schedule.	# of Adults Attending School:	<input style="width: 50px; height: 20px;" type="text"/>
8. Number of adults in household not working: * If an adult is medically unable to care for student during after school hours, a letter from their doctor must be attached. * If an adult is unemployed, a current form from Workforce Innovation Unemployment Compensation or a current Letter of Termination from employer must be attached.	# of Adults Not Working: # Medically Unable: # Unemployed:	<input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/> <input style="width: 50px; height: 20px;" type="text"/>

Please provide the following information for All Adults in household. Check all BOXES that apply.

• **ADULT #1** Name: _____ Working Self-employed Not Working In School Medically Unable

Employer/School: _____ Telephone: _____ Supervisor: _____

• **ADULT #2** Name: _____ Working Self-employed Not Working In School Medically Unable

Employer/School: _____ Telephone: _____ Supervisor: _____

The information I have provided is truthful and accurate to the best of my knowledge. I understand my application will be denied for false information, or for failure to submit the proper documentation in a timely manner.

If not signed by applicant, application WILL NOT be processed:

Applicant's Signature: _____ Print Name: _____