



Scholarship Form

(all information will be kept confidential)

Name _____

Child's Name _____ Date of Birth ____/____/____

Address _____

Phone _____ Email _____

Program applying for/days attending _____

Household Members _____ Household Dependents _____

Current Household Monthly Income

Gross Monthly Income from Employment \$ _____

Unemployment Benefits \$ _____

Interests/Dividends and Other Benefits \$ _____

Other/ Child Support/ Social Security \$ _____

Total Monthly Income \$ _____

Please provide a copy of one of the following supplemental documents:

- *WIC folder*
- *EBT card*
- *Free/reduced lunch letter*
- *Taxes*

And copies of 2 current pay stubs if available

Applications will not be processed without supplemental documents.

Scholarships are up to 50% off full tuition

(Please see the reverse side of this form to see if you qualify)

Please note: filling out this application does not guarantee a scholarship.



**We use this chart to see if you qualify for a scholarship.
Please review it before filling out the scholarship form on the other side.**

Use the chart below to determine if you qualify for the free or reduced price meal program. These income guidelines are effective through June 30, 2017.

Household Size	Total Household Income - Maximum				
	Per Year	Per Month	Twice Per Month	Per 2 Weeks	Per Week
1	\$21,987	\$1,832	\$916	\$846	\$423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
For each additional household member add:	\$7,696	\$642	\$321	\$296	\$148

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