



Scholarship Application

Please fill out the application for scholarship to use for Community Education classes. When applying for scholarship, please advise that you are applying for one opportunity, whether it be class or camp, per catalog period. Scholarships are granted to those on free or reduced lunches. If they are on the free lunch program we will cover the total cost, and if they are on reduced lunch families will be required to pay 60% of the cost and Community Ed will cover the remaining 40%.

Class Title _____		Date of Class _____	
Is your family on the Free or Reduced Lunch Program? If so, please list which program. _____			
If your family is on the Reduced Program how will you pay the 60% of the registration fee? _____			
Name of Participant _____		Date of birth _____	
Address _____		City _____	Zip _____
Phone _____	Email _____	Total Number in Household _____	
Please List Family Members (First/Last)		DOB	School (if applicable)

Please provide a statement on how this will benefit the applicant:

This application must be completed and returned to Community Education. No processing will occur until department officials have verified the information on this application. Deliberate misrepresentation of information on this form subjects the applicant to prosecution under applicable State and Penal Statues and will result in revocation of all future scholarships. My signature certifies that all of the above information is true and correct. Any changes in the above information must be reported immediately.

Parent/Guardian Signature _____ Date _____