

Youth Enrichment/TAG Programs

Confidential Scholarship Application

A goal of the Youth Enrichment/TAG Programs is to provide every individual the opportunity to experience the program if at all possible. We attempt to ensure that a lack of funds will not necessarily prohibit participation. However, scholarship applications have exceeded our available resources. Therefore, in order to provide opportunities to as many applicants as possible, **partial** scholarships are available.

Students who qualify for free or reduced lunch in their school district can apply for scholarship assistance by sending documentation of participation in that program. Please attach it to this form and fill out the information to the dotted line.

All others must fill out this entire form. Please type or print neatly. The application must be complete and verification provided in order to be processed.

What program are you requesting scholarship assistance with: _____ Date: _____

Applicant Name:		Current Grade Level:
Parent/Guardian Name:		Phone:
Address:	City:	Zip Code:
Number of children in family:		
Is parent/guardian one employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is parent/guardian two employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has applicant previously had a scholarship in this program?	If yes, when?	

Sources of Income

The following items are included as possible sources of income. Please check as many as are applicable to your situation, fill in the amount, and **enclose verification of each source** with this application. All information will remain confidential. Please include a copy of your most recent tax return along with other verification of income sources. We cannot process scholarship applications that do not include verification of income sources.

Check if Applicable	Source of Income	Amount:	Verification - (Enclose with application)
<input type="checkbox"/>	Parent/Guardian's Employment:	\$ _____	Gross per month. Copy of most recent pay stub. Employed by: _____ Phone: _____
<input type="checkbox"/>	Parent/Guardian's Employment:	\$ _____	Gross per month. Copy of most recent pay stub. Employed by: _____ Phone: _____
<input type="checkbox"/>	Bank Account: Checking:	\$ _____	Current Balance Copy of most recent statement.
<input type="checkbox"/>	Savings:	\$ _____	Current Balance Copy of most recent statement.

Check if Applicable	Source of Income	Amount:	Verification - (Enclose with application)
<u>MUST BE INCLUDED</u>	Tax Return	\$ _____ to be refunded \$ _____ to be paid	Copy of Tax Return
<input type="checkbox"/>	Child Support:	\$ _____ monthly	Letter of verification from individual providing this.
<input type="checkbox"/>	Unemployment:	\$ _____ monthly	Verification of unemployment benefits.
<input type="checkbox"/>	Food Stamps:	\$ _____ monthly	Copy of 200-U form, highlight of monthly benefits.
<input type="checkbox"/>	Other:	\$ _____ monthly	

Sources of Expense

Normal living expenses: Detail regular monthly expenses:	Monthly Total: _____ _____ _____ _____ _____ _____
Other Expenditures: Please Describe _____ _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____
Other relevant information pertinent to need for scholarship: _____ _____ _____	
Person in position to verify the information provided above: Name: _____ Phone: _____	

Scholarship applications must be received prior to the start of the conference or program. We will notify you at the earliest possible date concerning your application.