

**Scholarship Application for Elementary Summer School Program**  
**School Year 2010-2011**

**A.**  
Student Name (Please Print): \_\_\_\_\_  
Current Elementary School: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_  
City Zip  
\_\_\_\_\_  
Phone # 1 Phone # 2

Are you currently qualified for Free or Reduced Lunch?

No, if not, also complete **Part B.**      Yes – Free  – Reduced

**B.**  
**If not:**  
What are the current circumstances that require consideration of a scholarship?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
the number of individuals in your family? \_\_\_\_\_  
the gross monthly income: \_\_\_\_\_  
other monthly income: \_\_\_\_\_

**C.**

\_\_\_\_\_  
Parent/Guardian Signature Date

***This form is required in order to be considered for any type of scholarship funds that may be available for the elementary summer school program.***

Approved Amount: \_\_\_\_\_ Program Manager \_\_\_\_\_