

2023 Scholarship Application

SCHOLARSHIP ASSISTANCE IS LIMITED! SCHOLARSHIPS ARE BASED ON COMPLETE APPLICATIONS AND FAMILY NEED.

NO FULL SCHOLARSHIPS GIVEN ONLY PARTICIAL SCHOLARSHIPS.								
Date		Renewal				New Member		
Please fill in appropriate information:								
Circle Program:								
			School Before or After Care*					
				Summer Camp				
Child's Information								
Name:	Social Security:	ocial Security:		Sex:	Male / Female	Age:		
Address:						Ethnicity:	1	
City: State: TX Zip):	Phone #:				
School:				Grade: Birth Date:				
Mother/Guardian:				Work #:				
Father/Guardian:				Work #:				
Physician Na	me:			Phone #:				
Household Members and Gross Income from LAST MONTH								
Name (List EVERYONE in household) Income and how often received								
		Earnings form		Welfare, child	Pe	nsions, retirement,		
		before deduct	ion	support, alimony		social security	Other	
	□ICU E*	on Poduced Pri	ioo Sc	haal Maala (airala	whata	nnline		
HISD Free or Reduced Price School Meals (circle what applies) Yes, my child(ren) receives REDUCED lunch through HISD. Yes, my child(ren) receives FREE lunch through HISD.								
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No, my child(ren) does <u>NOT</u> receive REDUCED lunch			No, my child(ren) does <u>NOT</u> receive FREE lunch					
through HISD.				through HISD.				
Attachments Attachments								
Copy of income (pay stub, child support, etc)								
 Letter from HISD Child Nutrition Department verifying free or reduced lunch. 								

- Copy of your TANF/Medicaid Status

MORE ON BACK

	Signature							
I certify (promise) that all information that the Club will verify the information	on this application is true and that a	all income is reported. I understand						
Sign Here:		Date:						
Social Security #:	Drivers License:							
Explain your need for scholarship.								
Scholarship Time Frame Requested (# of Weeks /# of Months /Etc.)								
Start Date:		Ending Date:						
Do not fill out this section – OFFICE USE ONLY								
Date Received:	Database Entered:	Approved By:						
Correspondence: Yes No	Date Sent:	Filed By:						
Approved Timeframe of Scholarship	Starting Date:	Ending Date:						