



<p align="center">SCHOLARSHIP ASSISTANCE IS LIMITED! SCHOLARSHIPS ARE BASED ON COMPLETE APPLICATIONS AND FAMILY NEED. NO FULL SCHOLARSHIPS GIVEN ONLY PARTICIAL SCHOLARSHIPS.</p>											
Date				Renewal				New Member			
Please fill in appropriate information:											
						Circle Program: School Before or After Care* Summer Camp					
Child's Information											
Name:			Social Security:				Sex: Male / Female			Age:	
Address:							Ethnicity:				
City:			State: TX		Zip:		Phone #:				
School:					Grade:			Birth Date:			
Mother/Guardian:							Work #:				
Father/Guardian:							Work #:				
Physician Name:							Phone #:				
Household Members and Gross Income from LAST MONTH											
Name (List EVERYONE in household)			Income and how often received								
			Earnings form work before deduction		Welfare, child support, alimony		Pensions, retirement, social security			Other	
HISD Free or Reduced Price School Meals <i>(circle what applies)</i>											
Yes, my child(ren) receives REDUCED lunch through HISD. No, my child(ren) does <u>NOT</u> receive REDUCED lunch through HISD.						Yes, my child(ren) receives FREE lunch through HISD. No, my child(ren) does <u>NOT</u> receive FREE lunch through HISD.					
Attachments											
<ul style="list-style-type: none"> • 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 											

Doc: Forms – Scholarship Application
3/2023

