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|--|--|--|-------------------------------------|---------|---------------------------------|--|---------------------------------------|------------|------|-------|--|
| <p align="center"><b>SCHOLARSHIP ASSISTANCE IS LIMITED!</b><br/> <b>SCHOLARSHIPS ARE BASED ON COMPLETE APPLICATIONS AND FAMILY NEED.</b><br/> <b>NO FULL SCHOLARSHIPS GIVEN ONLY PARTICIAL SCHOLARSHIPS.</b></p>                       |  |  |                                     |         |                                 |  |                                       |            |      |       |  |
| Date   |  |  |                                     | Renewal |                                 |  |                                       | New Member |      |       |  |
| Location Information   |  |  |                                     |         |                                 |  |                                       |            |      |       |  |
| Clubhouse, 99 Martin Luther King Drive - 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 |  |
|  |  |  |                                     |         |                                 |  |                                       |            |      |       |  |
|  |  |  |                                     |         |                                 |  |                                       |            |      |       |  |
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|  |  |  |                                     |         |                                 |  |                                       |            |      |       |  |
|  |  |  |                                     |         |                                 |  |                                       |            |      |       |  |
|  |  |  |                                     |         |                                 |  |                                       |            |      |       |  |
| HISD Free or Reduced Price School Meals ( <i>CHECK what applies</i> )  |  |  |                                     |         |                                 |  |                                       |            |      |       |  |
| Yes, my child(ren) receives REDUCED lunch through HISD.<br><br>No, my child(ren) does <u>NOT</u> receive REDUCED lunch through HISD.   |  |  |                                     |         |                                 | Yes, my child(ren) receives FREE lunch through HISD.<br><br>No, my child(ren) does <u>NOT</u> receive FREE lunch through HISD. |                                       |            |      |       |  |
| Attachments REQUIRED to be Considered  |  |  |                                     |         |                                 |  |                                       |            |      |       |  |
| <ul style="list-style-type: none"> <li>• Copy of income (pay stub, child support, etc)</li> <li>• Letter from HISD Child Nutrition Department verifying free or reduced lunch.</li> <li>• Copy of your TANF/Medicaid Status</li> </ul> |  |  |                                     |         |                                 |  |                                       |            |      |       |  |

Doc: Forms – Scholarship Application  
3/2024

[illegible]