

Growing Places Scholarship Application

Name of child _____ D.O.B. _____
 Parent/guardian _____
 Address _____ Phone _____

Household Members and Total Household Income (Please write the names of everyone in your household, whether or not they get income. Include yourself, your children, your spouse, grandparents, and other related and unrelated people in your household. Write the amount of current income each household member receives, before taxes or anything else is taken out. Indicate where it comes from, such as earnings, welfare, pensions and other income. Specify how often this income is received, weekly, bi-weekly, monthly, yearly.)

Current Income/Pay Period

Name	Earnings from Work	Child Support/Alimony	Other Income
	Amount/How Often	Amount/How Often	Amount/How Often
	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /

Any unusual circumstances or undue hardships in your family? Explain:

Family able to contribute \$ _____ per quarter (preschool or homeschool)
 \$ _____ of \$ _____ class fee
 Supplement needed \$ _____

Signature: An adult household member must sign the application before it can be approved.
 I certify that all of the information is true and that all income is reported.

Signature: _____ Date: _____

There is a limited amount of scholarship money available to those in need. The Scholarship Committee will determine distribution of these funds based on federal income guidelines, as well as taking into account unusual circumstance or undue hardship. Recipients of scholarships are required to enter into a Participation Agreement.

Participation Agreement

Those who receive assistance are required to participate in scholarship fund raising events through the coverage period.

In addition, scholarship recipients are asked to assist in the classroom 2 days a month. Given the reality that not all families have the freedom to do this, alternatives are available. Please indicate the areas in which you are willing to be of service.

_____ classroom helper

_____ library maintenance: covering books and keeping them properly shelved (once per week)

_____ cleaning

_____ typing for newsletter

_____ plowing as necessary

_____ phone calls/ assistance with mailings

_____ organize parent helper and birthday schedules, phone list, etc.

_____ assistance with special projects

_____ errand person: make copies, get a last minute ad to the Pennysaver, pick up a forgotten item, put up flyers

_____ book keeping

_____ help cover in an emergency

_____ organize book orders (Scholastic Book Clubs)

_____ Other (Please explain how you would like to be of service) _____

The information I have provided regarding income and circumstance is true and correct to the best of my knowledge.

I agree to fulfill the above conditions or be responsible for repayment of full amount of scholarship.

Signature and Date