In order to qualify for a scholarship at your child’s Extended Day Learning site, please complete the application, **print clearly** and fill out the front and back of the application **completely**.

**EXTENDED DAY LEARNING SCHOLARSHIP APPLICATION**

Please allow 7-10 business days to process your application once **ALL** required documentation is received.



Note: we have a limited amount of scholarships available.

**Required Documentation Checklist:**

* Completed application (complete all sections on the form)
* A copy of the most recent 1040 Tax form for each adult (age 18 and over) in the household
* Proof of income for each adult (age 18 and over) in the household. This includes one month’s worth of most recent pay stubs, social security or disability checks.
* Documentation of any federal assistance you receive such as food stamps, rent subsidy or Aid to Dependent Children Cash Assistance. (If applicable)

|  |
| --- |
| **Applicant’s Information** |
| Name |  |
| Address |  |
| City |  |
| State, Zip |  |
| Home phone |  |
| Cell phone |  |
| Email |  |
| Date of birth |  |
| Race |  |
| Employer |  |

Dependents or Additional Adults living in the household:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Gender** | **Race** | **Date of Birth** | **Employer** |
|  |  |  |  |  |
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🞏Morning care only

🞏Afternoon care only

🞏Both 🞏After care only

 🞏Both

 🞏After care only

 🞏Both

Name of Child(ren) for whom scholarship requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIS services needed:

School that child attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communities In Schools (CIS) of Clark County’s mission is to surround students with a community of support, empowering them to stay in school and achieve in life. We are able to offer a limited number of scholarships to families in need. These scholarships are available due to the generous donors of CIS of Clark County. Scholarships do not cover all costs and applicants will be asked to pay a portion of their child care fees.

**Gross Monthly Income and Expenses for the Entire Household:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Income** | **Head of Household** | **Additional Adults** | **Household Expenses** |
| Employment | $ | $ | Mortgage | $ |
| Child Support | $ | $ | Electric/Gas/Water | $ |
| Government Assistance | $ | $ | Phone | $ |
| Food Stamps | $ | $ | Medical expenses | $ |
| Student Loan Income | $ | $ | Auto Loan | $ |
| Other | $ | $ | Other | $ |
| **Total** | **$** | **$** | Total | $ |

**Please describe your circumstance/reason for applying for financial assistance** (this section must be completed in order to be considered):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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[ ]  I certify that the above information and the supporting documents are correct and complete to the best of my knowledge. I understand that my child(ren) may lose their spot in our program for lack of payment or falsifying information in connection with this application. I understand that my scholarship rate will not be automatically extended beyond the award period and that I must bring updated information annually, or as requested, to qualify for the scholarship rate. Scholarship decisions are based on household income. I understand there is a limited number of scholarships available and that they are awarded on a first come first serve basis.

Communities In Schools of Clark County encourages recipients to write a brief note describing how the program has been of help to them. These stories may be shared with CIS supporters to show them how their contributions are used and to encourage prospective donors to become involved.

Would you be willing to share your story? [ ]  Yes [ ] No

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(you may type your signature if you do not have access to a printer and scanner)

Send to Nicole Stone

Communities In Schools of Clark County Be sure to include all required documents

4403 Hamburg Pike Suite C

Jeffersonville, IN 47130

nstone@cisclark.org

**For Staff Only**

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_ Time Submitted: \_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: