

SCHOLARSHIP APPLICATION



1073 Sixth Street, Monterey 93940
(831) 372-6098 • FAX (831) 372-6065

Date of application _____

Scholarship request \$ _____ (Amount Requested)

Please list the name, class code and fee for the class(es) you're requesting to scholarship

Child's name: _____ Age: _____

School name: _____

Parent/Guardian's Name: _____ Home Tel.: _____

Address: _____ email: _____

Employer: _____ may we contact? yes no

Position: _____ work phone: _____

Spouse's employer: _____ may we contact? yes no

Position: _____ work phone: _____

Number of dependent children living at home: _____

Does family receive assistance through free or reduced fee school lunch program? yes no

Does family qualify for any form of public assistance? yes no

If yes, please indicate **all** that apply: AFDC food stamps WIC SSI
 Medical/Medicare other (please explain)

Does your child participate in any of the following youth organizations?

Boys and Girls Clubs CPY Superkids Kid's Café Salvation Army
 other (please list) _____

Are there unusual circumstances that should be considered to determine need for full scholarship assistance? Please explain:

Please include the name and contact information for a teacher, principal, or youth organization leader who we can contact for a recommendation for your child:

Please fill out this form completely and send to the address below.
We'll reply within 5-7 working days.

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