



**Please initial next to the following statements.**

\_\_\_ I understand that if I qualify for the reduced lunch program that I will be required to pay for 50% of the registration fee.

\_\_\_ I understand that if I qualify for the free lunch program that I will be required to pay for 25% of the registration fee.

\_\_\_ I understand that my child will be eligible for two scholarships per year and that I am responsible for the registration fees for all subsequent programs this calendar year.

\_\_\_ I understand that program scholarships are distributed on a first come first serve basis and that I am not guaranteed a scholarship for any program.

Please give a brief explanation of why you would like your child to receive a scholarship:

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I certify that the above information is true and complete to the best of my knowledge. I understand that scholarship assistance is based on need and financial need does not automatically guarantee selection.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Office Use Only**

Free/Reduced Lunch Program participation verified? Yes \_\_\_ No \_\_\_ Free/Reduced  
Scholarship Decision Accepted \_\_\_ Denied \_\_\_ 50% or 25% scholarship (circle  
one)

Reason for Denial