

Donnelly Public Library District Youth Scholarship Request Form

To be eligible for a scholarship, this form must be submitted and approved by the Scholarship Administrator prior to registering for classes. Scholarships are not retroactive.

Please submit your application at least two (2) weeks prior to the class/activity start date.

Family Name: _____

Phone: _____

E-mail: _____

Address: _____

City and Zip: _____

Name of person requesting scholarship: _____

Phone: _____

Email: _____

How many people in your household are you financially responsible for (include self): _____

Please mark your annual household gross income bracket (includes wages, child support, welfare, alimony, all other income). If you do not fall into the income criteria brackets, please submit a letter stating why a scholarship is needed based on your circumstantial need.

\$14,999 and under \$15,000-\$24,999 \$25,000-\$34,999 \$35,000-\$44,999
 \$50,000 and over

Describe why your family would benefit from a scholarship: Financial and/or circumstantial hardship (i.e. - free and reduced lunch participants, homeless, family hardships, etc.)

INCOME:

PROOF OF INCOME is required with application for any member of the household who is currently employed (pay stub with pay period indicated, previous year's taxes showing adjusted gross income, proof of unemployment, etc.).

Participants may receive a full or partial scholarship per person, per fiscal year. Fiscal year begins with the Fall Season.

ASSISTANCE:

Please list the TOTAL MONTHLY assistance amount received (including from food stamps, child support, Social Security, disability, cash assistance, housing assistance, and any other assistance received). If no assistance is received, please mark N/A. PLCA reserves the right to ask additional questions about the type, frequency, and amount of assistance/income an applicant receives.

Type of assistance/income: _____, dollar amount per month \$ _____
Type of assistance/income: _____, dollar amount per month \$ _____

Please provide each participant's name and date of birth.

PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____

Male/ Female: _____

PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____

Male/ Female: _____

PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____

Male/ Female: _____

SCHOLARSHIP GUIDELINES

Initials	As a recipient of Donnelly Public library District After School Scholarship program, I agree to the following terms. I understand that non-compliance with the terms could result in forfeiture of future scholarship awards
	I agree that my child(ren) will attend all of the classes for the enrolled activities, and I will notify the Scholarship Administrator of any absence or intention to withdraw. Students must participate in at least 50% of quarterly program dates. Each absence will be evaluated on a case by case basis. Any unapproved absences could result in the forfeiture of the scholarship.
	I agree to inform the Scholarship Administrator if my child(ren) will not be able to attend.

Signature of Parent/Guardian: _____

Date: _____