

# Confidential Scholarship Application

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

**Registration form for Testing must accompany NEW Application, monthly information needs to be completed on this form and 1040 Federal Tax form included**

**Type of Scholarship:**    Evaluation       Best of Basics Summer School  
 Reading Readiness/BEFORE       Tutoring\*

*\*Note Scholarship for language arts tutoring is contingent upon diagnosis of dyslexia.*

Office Only Date: _____ Scholarship Amount: _____ Approved by: _____
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<b>STUDENT INFORMATION</b>
Last name: _____ First name: _____ Ethnic Origin: _____
Birthdate: _____ Age: _____ Sex: _____ Current Grade: _____ Current School: _____
Student lives with: _____

<b>PARENT INFORMATION</b>
Last name: _____ Father: _____
Mailing address: _____ _____ County: _____
Phone(s): _____ Email: _____
Father's Employer: _____

<b>PARENT INFORMATION</b>
Last name: _____ Mother: _____
Mailing address: _____ _____ County: _____
Phone(s): _____ Email: _____
Mother's Employer: _____


<b>Household's Monthly Expenses</b> Housing Payment: _____ Utilities: _____ Car Payment: _____ Child Care paid: _____ Medical Expense: _____ Other: _____ Total Monthly Expenses: _____	<b>Household's Monthly Income</b> Wages from employment: _____ Unemployment benefits: _____ Social security Benefits: _____ Child Care received: _____ Welfare Benefits: _____ Other: _____ Total Monthly Income: _____
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<b>Please check any of the following that applies to your situation:</b> <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Food Stamps <input type="checkbox"/> Heating Assistance <input type="checkbox"/> Reduced School Lunches
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**Business/Farm**

Total Net Profit/Loss for the following years:

2020 \_\_\_\_\_ 2019 \_\_\_\_\_ 2018 \_\_\_\_\_ 2017 \_\_\_\_\_

 **Please enclose PROOF OF INCOME.** This application cannot be processed without a copy of the most recent tax return (Form 1040) **for each Income Earner that supports the household.** If tax returns do not reflect your current financial status, please explain on separate paper.

 If you have any questions, please call the Reading Center at 288-5271.

 This form may be printed from our website at [www.TheReadingCenter.org](http://www.TheReadingCenter.org).

Please state why you think scholarship funds would be helpful:

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**I certify the above information is correct:**

\_\_\_\_\_  
*Signature of applicant or parent* DATE: \_\_\_\_\_

*The Reading Center is committed to providing equal access to its services for individuals from diverse populations.*

## **Requirements for Maintaining Your Scholarship**

**Upon receiving a scholarship, we ask that you observe the following list of criteria for maintaining your award.**

- **Have consistent attendance.** You need to average 8 times per month. Communicate with your tutor about attendance. Scholarship money cannot be applied to unexcused absence or no show tutoring sessions. ***Clients will be charged the regular tutoring rate for unexcused absences.***
- **Pay promptly.** Statements are sent monthly and all ***accounts must be paid promptly, or scholarship funding will be terminated*** and you will be charged the full hourly fee.
- **Participate in yearly recheck.** There is no extra cost for this evaluation.
- **Reapply yearly.** If you do not reapply for scholarship funds at the end of your year, tutoring can continue; however, ***you will be billed the full fee of your lesson.***