

**Chapman Elementary Outreach**  
**SCHOLARSHIP APPLICATION**  
**2018/2019**

**STUDENT INFORMATION:**

CHILD'S FULL NAME: \_\_\_\_\_  
First Middle Last

MALE       FEMALE       NON-BINARY      BIRTH DATE \_\_\_\_\_      AGE \_\_\_\_\_

GRADE: \_\_\_\_\_      TEACHER : \_\_\_\_\_

**FAMILY INFORMATION:**

PARENT'S FULL NAME: \_\_\_\_\_  
First Middle Last

PRIMARY ADDRESS \_\_\_\_\_      CITY \_\_\_\_\_      STATE \_\_\_\_\_      ZIP \_\_\_\_\_

BEST PHONE # TO REACH YOU: \_\_\_\_\_      E-MAIL: \_\_\_\_\_

**AFTER SCHOOL PROGRAM INFORMATION:**

NAME OF PROGRAM/CLASS: \_\_\_\_\_

ORGANIZATION NAME OR INSTRUCTOR'S NAME: \_\_\_\_\_

FEE FOR PROGRAM/CLASS: \_\_\_\_\_

REQUESTING AMOUNT:     FULL AMOUNT \$ \_\_\_\_\_       PARTIAL AMOUNT \$ \_\_\_\_\_

- **I understand that scholarships will be reviewed and awarded based on availability of donation funds.**
- **Scholarships can only be funded for After-School Programs that take place at Chapman School and/or Friendly House.**
- **The Scholarship funds must be paid from Chapman School directly to the After-School Program.**
- **If your child does not show up for their After-School Program, this may result in the forfeiting of any future Chapman Outreach Scholarships.**

PARENT'S SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_

**SCHOOL USE ONLY:**

THIS APPLICATION WAS REVIEWED BY TWO OF THE FOLLOWING:     SCHOOL ADMIN     COUNSELOR     TEACHER

THE AMOUNT OF \$ \_\_\_\_\_ WAS FUNDED TO: \_\_\_\_\_

THE AMOUNT OF \$ \_\_\_\_\_ WAS DECLINED DUE TO LACK OF SCHOLARSHIP FUNDS

OTHER: \_\_\_\_\_

