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| Enrichment Scholarship Application* All information is maintained with the strictest confidentiality and is used only for making decisions regarding financial awards. Information is only seen by a few employees on the Selection Committee. **Recipients’ names are never publicized.**
* All notifications regarding receipt of application and amount awarded will be made via email to the email address provided.
* Complete one form per applicant/child within the household
 |
| Family Information |
| **Applicant’s name:**  | Birth date:  | Age:  |
| *\*Complete one form per child per household.* |
| Please indicate if applicant has a disability: [ ] Physical Disability [ ] Developmental Disability |
| **Parents’/Guardians’ Name:** |
| Relationship to applicant: |
| Street address: | Phone: |
| City/State/Zip: | E-mail address 1:  |
| County:  | E-mail address 2:  |
| Financial Aide Information |
| Request Type: [ ] Income Based [ ] Special Circumstances [ ] Temporary Hardship  |
| Applicant lives with: [ ] Both Parents [ ] Single Parents [ ] Other Relative/Guardian [ ] OtherClick or tap here to enter text. |
| Number of Adults in Household: Click or tap here to enter text. Number of Dependent Children in Household (including applicant): Click or tap here to enter text.  |
| Household’s annual gross income before taxes (all sources from the most recent complete year): Click or tap here to enter text. |
| Name of Principal Wage Earner: Click or tap here to enter text. |
| Do you receive any of the following:[ ] Local, State or Federal Lunch Program recipient\*[ ] Receiving CCCAP benefits at a qualifying center\*[ ] Enrollment in Medicaid, SNAP, WIC or other government assistance\*\*Evidence must be provided. | Please list any other Town of Parker scholarships you received *for this fiscal year*. |
| 1. |
| 2. |
| 3. |
| 4. |
| 5.  |
| Provide a statement of need in the space below (use additional sheets if necessary)**:** |
| Requested Activity: |
| **Requested Activity One:** | **Requested Activity Two: (if balance remaining)** |
| Name of activity requested. Provide activity number: | Name of activity requested. Provide activity number: |
| Start date: | Start date: |
| Fee: | Fee: |
| *Funds must be used within the fiscal year of the award.*  |
| Additional Comments/Requests: |
|  |
| **Applicant’s or Parent’s/Guardian’s Signature:** | **Date:** |

**Email applications to** **PACEedu@parkerco.gov** **or deliver printed forms to the PACE Center at 20000 Pikes Peak Ave., Parker, CO 80138.** Each application will be considered and scored individually. Filling out an application is not an automatic assurance of receiving a scholarship. Applicants will receive notification or an update of their status within one to two weeks of their initial application. **All applications are confidential.**

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| For Office Use Only |
| Date application received: | Approved: [ ] YES [ ] NO |
| Name of activity(ies) approved: |
| Amount Awarded: | Amount Owed by Applicant: | Scholarship Type: | Funding Source: |
| Participant notification **(method, by whom):** | Date notified and logged: |
| Comments/Notes/Special instructions relating to the scholarship: |