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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**](mailto: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.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: | | | | |