

HCPSS SUMMER SCHOOL PROGRAM SCHOLARSHIP REQUEST

Parent/Guardian Name _____ Date: _____
Student Name _____
Home Address _____
Home School _____ Current Grade _____
Home or Mobile Phone _____ Business Phone _____

Please check the appropriate box below:

- My child is eligible for **(check one)** free meals or reduced priced meals. I hereby authorize the Howard County Public Schools Department of Food and Nutrition Services to disclose this information to the Summer School Office so that verification of my daughter's/son's eligibility for tuition reduction can be determined.
- My child is not eligible to receive free or reduced price meals.

In order to qualify for a scholarship, you must demonstrate that paying full tuition would cause a financial hardship, or that your child's inability to participate in the program would jeopardize his/her ability to graduate. Please check the appropriate box below and provide the appropriate documentation:

- Unemployment of a parent or guardian (termination letter from former employer, copy of unemployment assistance check)
- Pending foreclosure or eviction (notice from mortgage company or rental agent showing arrearage)
- Medical hardship (bill from medical provider showing insurance does not fully cover expenses)
- Student must complete course to graduate (letter from child's guidance counselor)
- Other financial hardship (documentation to be determined by Scholarship Committee)

The school system does not provide full tuition reduction through its scholarships. Please provide below the maximum amount that you are able to pay. For an applicant whose child is NOT eligible for free or reduced priced meals this amount must not be less than 55% of the program's full tuition.

The maximum amount of tuition that I am able to pay is: \$ _____

All applications will be reviewed by the Summer Program Scholarship Committee. The committee may allow tuition to be paid in installments, but all payments must be received on or before the fifth day of the student's summer program.

By signing this form, you declare and affirm that all information you have provided on this form and all documentation you have provided in association with this application is truthful, accurate, and authentic. Knowing provision of false information or falsification of documentation may result in immediate removal of your child from their summer program, forfeiture of any credits earned, and legal responsibility for payment of full tuition.

Signature of Adult Household Member

Social Security Number